



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>A. LYNN WHITE</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:                  ZIP:
EMAIL: <b>manelynn@yahoo.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 9:22 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		



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<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>ABBY ELLIS</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>chris52abby@yahoo.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 2:30 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		



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<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>ABBY R WRIGHT</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>awrightreel@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 8:38 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		



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<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>ADAM R CROUCH</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>shadow71995580@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 1:08 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		



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<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>ADRIENNE JACOBMEYER</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:                  ZIP:
EMAIL: <b>adrienne.sedlack@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/7/2022 5:40 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**This bill is a welcome change. I agree will limiting DHSS.**



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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>ADRIENNE MAZAR</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>ajs12187@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 9:04 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**I fully support this bill.**



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<b>WITNESS NAME</b>			
<b>INDIVIDUAL:</b>			
WITNESS NAME: <b>AL VITALE</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE:		SUBMIT DATE: <b>2/9/2022 12:00 AM</b>
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<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>ALANNA AHERN</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:                  ZIP:
EMAIL: <b>alannamaria@protonmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/7/2022 8:32 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**I support this bill.**





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<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>ALEXANDER STEINBOCK</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>teamjolex20@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/8/2022 9:20 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		



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<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>ALEXIS HOWELL</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>alexis.c.howell@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/7/2022 8:46 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		



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<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>ALICE BLAYNEY</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL:	ATTENDANCE:	SUBMIT DATE: <b>2/9/2022 12:00 AM</b>
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<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>ALICIA GILLEAN</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>ajymnst85@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/8/2022 9:28 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		



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<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>ALISA MAXWELL</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>maxwellalisa@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 1:40 PM</b>
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<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>ALLISON WHITTINGTON</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>allisonlisa95@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/7/2022 6:50 PM</b>
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<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>ALYSSA</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>rhoadesalyssa88@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 7:34 PM</b>
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<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>AMABEL SLOAN</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>amabelsloan@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 11:36 PM</b>
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<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>AMANDA CHILDS</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>Amandachilds13@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 4:33 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		



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<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>AMANDA CROMLEY</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>amandalcromley@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/7/2022 8:45 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**Vaccine decisions need to be made by members of the legislature. The safety of our children is at stake and we need checks and balances and accountability for these decisions.**



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<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>AMANDA OGLE</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>oglesfamily00@yahoo.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 8:59 AM</b>
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<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>AMANDA WALKER</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>walker4241@hotmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 1:08 PM</b>

**THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.**

I support this bill for a number of reasons. Parents should not be discriminated against for their religious beliefs. The forms should be available online easily printed and turned in. Forcing parents to jump through hoops isn't going to change their faith it's just inconveniencing them and creating away to discriminate against them.



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<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>AMBER</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>amber_8402@yahoo.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/8/2022 8:00 AM</b>
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<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>AMBER CRAWFORD</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>amberbee1999@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 11:36 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

1. Please align MO statute with the MO Constitution by protecting our right to live according to our conscience.2. No additional school vax requirements without legislative approval.3. Strengthen parental rights to choose for their children's health, no child abuse charges for choosing not to vax.4. Private & parochial schools get to choose vax requirements.5. Off-campus college students NEED to get to choose.



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<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>AMBER DENNISON</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>aedennison@sbcglobal.net</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 12:27 PM</b>
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<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>AMBER MUELLER</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>ar_mueller@hotmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 11:05 AM</b>
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**I support this bill, as it allows parents to maintain control over their children's healthcare. Please vote yes and help empower parents and protect children!**





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<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>AMBER O'REAR</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>amberorear@aol.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 10:34 AM</b>
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**I fully support HB 2009. Parents should solely make health decisions for their children.**



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<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>AMBER STINNET</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>estinnettfamily@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 1:31 PM</b>
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I respectfully submit support of HB 2009. While I do not have children in public school at present, I strongly advocate for parent rights regarding immunization decisions. Religious or medical exemptions should always be permitted by parents and students, and school or state health/child service agencies should not have a voice in this matter of conscience. I also strongly disagree with additional vaccinations being added to the already overprescribed schedule of childhood vaccinations. In addition, private schools should be allowed to choose their own vaccination or lack of vaccination requirements, with the same religious and medical exemption allowance for those students. Off campus or remote students should be allowed exemption from the standard vaccination requirements, as they are not around other students or staff.



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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>AMBER WAGNER</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>miadiamond@sbcglobal.net</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/7/2022 7:41 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**I support freedom and an individual's right to choose what is best for themselves and their families. Please support freedom.**



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>AMEY MCALLISTER</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>amey.mcallister@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 1:19 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

Hello, I am a parent of 3 in St. Charles County and I strongly support this bill. This is ridiculous that this bill is even needed. Thank you for letting parents remain parents and not politicizing our children!



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>	
COMMITTEE: <b>Downsizing State Government</b>			
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
<b>WITNESS NAME</b>			
<b>INDIVIDUAL:</b>			
WITNESS NAME: <b>AMY BANDOWSKI</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE:		SUBMIT DATE: <b>2/9/2022 12:00 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>			



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>AMY E KEMPF</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>amysamazingbooks@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/8/2022 8:59 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

Dear Committee, I am writing to ask you to support passing HB 2009, modifying current immunizations requirements. When my son moved back into to Columbia Public Schools almost 3 years ago we were contacted by CPS to update his medical exemption. (My son attended Kindergarten with CPS and we had moved to another school district.) At first I was confused because I could not remember getting one for him. I had never gone to the Health Department to get one and didn't know what they were talking about. After some investigating, I realized when my son, who had been adopted from another country, had a blood test to determine what titers he had for his vaccinations. Medical records were not 100% reliable from his birth country so that is why we had them run. Since he had some antibodies, she didn't feel it was wise to repeat all the doses that was required. This made sense why the school had a medical exemption for him, but still confusing as I did not request it to begin with. I had our Pediatrician fax CPS a copy of his titers it to the nurse's office. Instead of going the medical exemption route, I wrote a Religious exemption letter, according to the state law, notifying the school he was exempted based upon our religious beliefs on vaccines. The school nurse called me and said they could not accept it and that we had to go to the Boone County Health Department by a certain day or he could not go to school. She went on to say that we had to have an exemption stamped by the health department on it or they would not accept it. I let her know the state law said a letter was an acceptable form of notification but she said the school had different requirements according to the laws and we were supposed to get the Health Department Form with a stamp. After a little phone tag, I was notified that they didn't need one anymore. They had on my behalf gone to the health department and gotten on for me. I feel the school overstepped their authority in going to the health department. Not long after that, I was notified that my oldest daughter who was a Junior needed an update on a couple of her vaccines. She too was adopted from another country and had to have vaccines before we brought her home. We were told by the adoption agency in her country that it is NOT good practice to redo vaccines when she arrived here. We were to go by her medical records. She had no issues at her previous school with her immunizations and now after moving back into Columbia Public Schools, they were telling us that one of her shots were due (not true because the one she needed can be redone every 5 years and she had just gotten it with the last 2-3 years. This was before we had adopted her). This is concerning that they were trying to press us to redo a vaccine when she was NOT even due for a booster. I let them know that she would not be getting it bc she was all ready current according to the CDC guidelines. CPS also wanted a polio vaccine updated because 2 of the 4 shots she had received as a child were too close together. My husband then had to go to the Health Department to get a stamped form, had to wait to meet with someone to be "educated" about vaccines, and give his personal information just to get the form. This is NOT necessary. The Health Department should not be able to require so much control over our kid's health. We should not have to jump through hoops to get get a form that contradicts state law. Public school's or any school should

**not require more than what the state law state. State statutes should never trump state law. People need to be able to exercise their rights without interference from the local health department. Please pass HB 2009**



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>AMY KREBS</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>amyhoosackkrebs@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 11:05 PM</b>

**THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.**

**I strongly support this bill. Please align MO statute with the MO Constitution by protecting our right to live according to our individualized conscience.**





MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>AMY PERKINS</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>amyperkins44@hotmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 6:08 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

I support all measures of this bill.



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>AMY ZIMMERMAN</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>amyzim@swbell.net</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 9:38 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**I support this legislation for creating oversight and keeping public input part of the process when setting childhood vaccine requirements. We've learned the hard way that some bureaucrats do not keep the best interests of our children a priority.**



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>ANDREA R</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>andrea.riechers@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/7/2022 6:50 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**As a constituent, I am in support of this bill. These health decisions need to be made by parents and their physicians. There is no one-size-fits-all approach for healthcare.**



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>ANDREA SHRUM</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>andreashrum@yahoo.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 9:25 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

As a resident of Ralls County, Missouri, I strongly object to the Federal Government, the DHSS and DESE, attempting to bribe and manipulate students to take a substitute into their bodies, that is not only experimental, but is not even effective against the illness it is being given for. This move by these agencies is abhorrent and cannot be allowed in our free republic. If this injection is ineffective, then why are they so determined to get everyone to take it. One must ask, what is really in these shots, and why are they fighting so hard to keep the ingredients hidden. We must protect ourselves, and future generations from this medical tyranny. I implore you to pass HB 2009, as a step in halting their insidious agenda



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>ANDREANA MILLER</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>andreatk@yahoo.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 9:12 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>ANDREW CRAIG</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:                  ZIP:
EMAIL: <b>liketorun@protonmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 12:25 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**As a Missouri public school teacher I support this bill and informed consent.**



MISSOURI HOUSE OF REPRESENTATIVES  
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COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>ANDREW RICKY NORMAN</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>andrew.norman@meiusa.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 8:26 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>ANGELA CONNER</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:                  ZIP:
EMAIL: <b>ac.conner03@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 10:36 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**Vaccines should be parents choice. Many people will choose to homeschool if they mandate the COVID vaccine for schools. Parents just want the choice to choose what is best for their children. Money should not be tied to these mandates. They need to focus on education!**





MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>ANGELA ROMÁN</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>angieroman81@yahoo.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 9:07 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>ANGELA TAYLOE</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>tayloe.angela@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 1:18 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

Parents should be able to choose the health care for their children.



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>ANNA CRITES</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:                  ZIP:
EMAIL: <b>manleya56@yahoo.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 12:15 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo. MO</b>		



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>ANNETTE CONNOR</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>aconn435@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/7/2022 6:51 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

Children should not be forced to "get the jab." Nor forced to be masked. Doesn't anyone in the legislature read the virologists/immunologists reports: Drs. Malone, Mercola, McCullough, Ryan, Atlas who tell that the virus was deliberately released, the vaccine was injected with special proteins that produce heart, blood and reproductive problems for the recipients. So STOP hurting the children and US all.



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>ANTHONY DELGADO</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>anthonyd3@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 9:29 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**Medical decisions are a personal choice and should not be mandated.**



MISSOURI HOUSE OF REPRESENTATIVES  
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COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>APRIL WOOLLARD</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>organicmama314@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 12:04 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>ARLIE CRABTREE</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>arliecrabtree@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 2:34 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**No one's decision of whether to vaccinate should be used in anyway to contribute towards abuse or neglect charges.**



MISSOURI HOUSE OF REPRESENTATIVES  
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COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>ASHLEY COLE</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>cole.ashley2018@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 1:44 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		





MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>ASHLEY TWELLMAN</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>ashtwellman@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 5:29 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>AUDRA DAVIS</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>audratacker@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/7/2022 8:39 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**My children both need medical exemptions and have them but it is incredibly hard to get. I support HB 2009 fully and what Rep Pollock is trying to accomplish here. This is a choice and there should not be tracking surrounding what you choose.**



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>AUDREY ANGER</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>audrey_a1021@msn.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/8/2022 9:54 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

My child has functional neurological disorder, which has been inadvertently linked to the COVID-19 vaccine. It was advised by her medical team not to allow her to receive the vaccination, although they have been instructed not to write exemptions. If this vaccine was mandatory for public school education, my child would be denied free and equitable education. By passing this bill, this would provide an avenue for me to ensure she still receives free and equitable education by opening the door for doctors to endorse exemptions and for natural immunity to be recognized.



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>	
COMMITTEE: <b>Downsizing State Government</b>			
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
<b>WITNESS NAME</b>			
<b>INDIVIDUAL:</b>			
WITNESS NAME: <b>AUDREY BAKER</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: <b>audrey.baker@gmail.com</b>		ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/8/2022 6:09 PM</b>

**THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.**

In the five years of attending our school, Crossroads Academy in Kansas City, we had no problems submitting religious exemptions over vaccines. Our enrollment applications were always accepted by our school. In January of 2020, we were told we must go get an official document on card stock called "form 11" from the health department or else our children would be kicked out of school. The school was requiring us to re-state our (already) expressed religious beliefs. We were perplexed because the statute doesn't state that we need this form. Missouri statute 167.181.3 states: "3. This section shall not apply to any child if one parent or guardian objects in writing to his school administrator against the immunization of the child, because of religious beliefs or medical contraindications." We followed the statute exactly as it was written and our school did not accept it by the emboldening of the health department. Crossroads Academy even created a new word, "disenrollment" in order to kick us out. They went above and beyond in their cruelty to us. They even refused to provide our children's current curriculum or progress information leaving us to figure out how to educate our children. I'd like to add that your health departments are creating their own hoops to jump through in order to receive this special form. If you've never attempted to acquire form 11, I would like to tell you what they do to these families. Some are told we must attend a 3 to 5 hour class about vaccines in order to get the form, some families are required to fill out a questionnaire about their private medical and family history, and many are bullied and made fun of while trying to get form 11. Mind you, each health department does something different in their requirements/treatments in obtaining this document. Tell me, do families seeking a medical exemption have to endure the same kind of abuse? No. This abuse is saved for families seeking an exemption because of their religious convictions. A form that is not even supported by the statute read above. If we cannot look to the ones God has placed here to create robust laws that protect and inhibit entities that unlawfully do as they please, who can we look to? Crossroads Academy's actions were upheld in the courts despite multiple appeals which shows the law does not sufficiently protect the religious beliefs of Missouri families. We need you to protect and represent Missourians. We desperately need you guys to help us.



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>AUDREY NEWBERRY</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>aumoody@hotmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/8/2022 2:14 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**We fully support this bill. Americans must have the freedom to make their own medical decisions.**



MISSOURI HOUSE OF REPRESENTATIVES  
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COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>AVERY</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>avery_ennis@yahoo.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 10:27 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**I support this bill**



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>BARBARA PEIRICK</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>barbpeirick@sbcglobal.net</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 6:35 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**I support the bill**



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>BECKY WOODS</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>bwoods.dssm@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/8/2022 4:10 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		





MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>BEN THOMAS</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL:	ATTENDANCE:	SUBMIT DATE: <b>2/9/2022 12:00 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>BETH BOCK</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:                  ZIP:
EMAIL: <b>bethbock1963@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 10:33 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

Parents have complete say in the health and welfare of their child.



MISSOURI HOUSE OF REPRESENTATIVES  
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COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>BETHANY SHIPLEY</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:                  ZIP:
EMAIL: <b>bethanyjoyshiple@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 3:26 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

Parents should be able to choose what's best for their child.



MISSOURI HOUSE OF REPRESENTATIVES  
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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>BEV EHLEN</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>bevehlen@yahoo.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/8/2022 2:34 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>BEVERLEY FRIES</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>bvfries@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/7/2022 11:59 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**I am strongly opposed to any health mandates. This would be unconstitutional.**



MISSOURI HOUSE OF REPRESENTATIVES  
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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>BEVERLY STEPHENSON</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>joy1710@swbell.net</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/7/2022 9:28 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>BLAKE THORNTON</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:                  ZIP:
EMAIL: <b>blakethornton70@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 12:39 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>BOB PAINTER</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>paint@robertbobpainter.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/8/2022 7:18 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**This has to be passed to prevent the unelected employees of the government from pushing their demands, motivated by who knows what, but not science or logic on Children (and adults). We need to be free to not participate in the current hysteria. Please pass and enforce this bill.**





MISSOURI HOUSE OF REPRESENTATIVES  
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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
<b>WITNESS NAME</b>			
<b>INDIVIDUAL:</b>			
WITNESS NAME: <b>BONNIE CARTER</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE:		SUBMIT DATE: <b>2/9/2022 12:00 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>			



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>BORI MORENO</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:                  ZIP:
EMAIL: <b>boribg88@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 12:08 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
<b>WITNESS NAME</b>			
<b>INDIVIDUAL:</b>			
WITNESS NAME: <b>BRAD WOODLE DC, CCSP, FASA, CSCS</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: <b>docwoodle@yahoo.com</b>		ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 9:07 PM</b>

**THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.**

As a chiropractic physician and parent of a daughter who had a seizure following her first DPT shot reactions do happen and the consequences can be lifelong. If my daughter was forced to take a vaccination it could cause her further harm. When parents are forced to choose between becoming a teacher or sending their child to school everyone loses. Health care choices need to be made by individuals who are able to seek out the information and research from the sources of their choice in the time from that they required to make the informed decision. These sources also cannot be attacked when they question the science of a political mandate. Let's look at the attacks put forth on members, businesses and churches who tried to oppose the 2020 lockdowns. The research now shows they did little to nothing other than significant harm. Political Mandates also influence medical policies which impede scientific discussions as anything that questions "the policy" can be seen as crossing the standard set by the boards who hold your license.



MISSOURI HOUSE OF REPRESENTATIVES  
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<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>BRADLEY STEVEN EDMONDSON</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:                  ZIP:
EMAIL: <b>edmondsonrocks@yahoo.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 9:49 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**I believe citizens should have individual choices in all aspects of life, including medical choices, choices to carry weapons, choices to have an Abortion etc.. I do not believe this is a Partisan argument but a right that should be guaranteed to all Americans.**



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>BRADLEY W WOOD</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>desotobradcat@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/7/2022 9:19 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>BRANDI JOHNSTON</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>brandinicole1979@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 3:08 PM</b>

**THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.**

**Because we should be able to choose what we what is best for our family without fear of being isolated from society and having our choices limited.**



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>BRANDON DUREE</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>bjduree@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 11:56 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>BRANDY ADAMS-CRISEL</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>brandycrisel04@yahoo.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 9:57 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		





MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>BRENDA CLAFLIN</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:                  ZIP:
EMAIL: <b>bkc72652@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 10:39 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

Conscientious vaccine exemptions are necessary in the state of Missouri! Do you realize that right now there are OVER 70 vaccines on a child's vaccine schedule from birth to 18 years old? We do not need anymore vaccines added to that schedule, especially without going through legislature. That is way too much and vaccines MUST be optional. A parent should be able to decline vaccines for themselves or their children for ANY REASON that the parent feels is valid, without question or penalty. Our children belong to us, not the government, not the school, and certainly not the CDC, WHO, or big pharma! I am in FULL SUPPORT of HB 2009.



MISSOURI HOUSE OF REPRESENTATIVES  
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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>BRENDA S. HOPFER</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>brendahopfer@sbcglobal.net</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/8/2022 10:14 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**Children do NOT need all these vaccines**



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>BRENDA STANLEY</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:                  ZIP:
EMAIL: <b>stanley4kc@hotmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/8/2022 10:17 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

I agree with everything in the proposed statement. It is my job as a parent to make decisions for my children based on personal beliefs and information, NOT the government.



MISSOURI HOUSE OF REPRESENTATIVES  
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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>BRET HILBERT</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL:	ATTENDANCE:	SUBMIT DATE: <b>2/9/2022 12:00 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>BRIAN K COULTER</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>Coachbc515@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 7:57 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>BRIAN ROBINSON</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:                  ZIP:
EMAIL: <b>birrobinson21@hotmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/8/2022 8:06 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>BRIANA LYNN HOLMAN</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>brilynn07@yahoo.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 1:25 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>BRIDGETTE NELSON</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>bridgetteanelson@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 7:19 PM</b>

**THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.**

**As a family with a vaccine injured child I agree with the importance of protecting the parental right to choose whether or not to vaccinate our children without punishment or consequence.**





MISSOURI HOUSE OF REPRESENTATIVES  
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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>BRIELLE MCGEE</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>briellemcgee88@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 6:10 PM</b>

**THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.**

**We are in support of this bill because a school should never override a parent's decision of whether or not to vaccinate their child.**



MISSOURI HOUSE OF REPRESENTATIVES  
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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>BRITNI WIGE</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:                  ZIP:
EMAIL: <b>booksforzoe@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 12:13 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		



MISSOURI HOUSE OF REPRESENTATIVES  
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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>BRITTANY</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>brittnolasco@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 9:17 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		



MISSOURI HOUSE OF REPRESENTATIVES  
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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>BRITTNY GIBSON</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>brittnygibson28@outlook.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/8/2022 3:57 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

I do not co-parent with the government.



MISSOURI HOUSE OF REPRESENTATIVES  
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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>BROOKE MICHAEL</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:                  ZIP:
EMAIL: <b>michael3443@hotmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 1:15 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

I support the right of parents to choose to vaccinate or not vaccinate their children from a respiratory virus whose "vaccine" does not stop the spread of the virus. I have never given my children the flu vaccine and the school has not ever cared. I do, however, give my children vaccines that are known to stop the spread of disease for years (like the MMR). I am well educated and so is my entire family. We do not take any of this lightly but want the right to decide what goes into our children's bodies, especially against something that has no long-term studies.



MISSOURI HOUSE OF REPRESENTATIVES  
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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>BRYCE D KOELLING</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>doc@drbryce.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 11:06 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

It is imperative that we protect the freedoms and rights of all individuals regarding their health care choices. I am in support of this bill as it holds all individuals personally accountable for their decisions and actions regarding their own health choices. We should NOT FORCE vaccines and other health procedures on anyone. This bill ensures the following:- Requires schools to recognize acquired immunity- Requires DHSS to educate parents on what their rights actually are regarding exemptions- Provides choice for private and parochial schools- Gives college students living off campus a choice regarding the meningococcal vaccine- Protects parents rights to choose if they vaccinate without fear of abuse or neglect charges or investigations- Protects physicians from licensing concerns over granting medical exemptionsAs a father and a doctor, I believe this bill is very important for the future of our citizens of the state of Missouri.



MISSOURI HOUSE OF REPRESENTATIVES  
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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
<b>WITNESS NAME</b>			
<b>INDIVIDUAL:</b>			
WITNESS NAME: <b>CAMILLE HANKINS</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE:		SUBMIT DATE: <b>2/9/2022 12:00 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>			



MISSOURI HOUSE OF REPRESENTATIVES  
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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>CAMILLE SUBRAMANIAM</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:                  ZIP:
EMAIL: <b>camille.subramaniam@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 5:18 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		





MISSOURI HOUSE OF REPRESENTATIVES  
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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>CANDICE RAE DOERR</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>craed1122@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 8:39 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

I support aligning MO statute with the MO Constitution by protecting your right to live according to your conscience. No additional school vax requirements without legislative approval. **STRENGTHEN PARENTAL RIGHTS TOCHOOSE.** No child abuse charges for choosing not to vax. Private & parochial schools get to choose vax requirements. Off campus college students get to choose.



MISSOURI HOUSE OF REPRESENTATIVES  
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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>CARL HINES</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>chines673@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 8:30 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**Immunizations should be a choice and not mandated.**



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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>CARLA GREWE</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:                  ZIP:
EMAIL: <b>carlagrewe@me.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/7/2022 9:34 PM</b>

**THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.**

Parents should be able to easily exempt their own children for medical reasons, religious reasons, or consciousness reasons



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<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>CARLIE BAYES KIRSCHNER</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>carlie.kirschner@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 11:16 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

I am in support of this bill in order to allow me as a parent to choose what's best for my children



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<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>CAROL CAMPEY</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>cjcampey@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 10:13 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**This is a decision for the parents for the GOVERNMENT!!!!**



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<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>CAROL PITZER</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>allaboutjesus@centurytel.net</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 9:05 AM</b>

**THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.**  
**Citizens should be able to protect our children, not bureaucrats. This is important!**



MISSOURI HOUSE OF REPRESENTATIVES  
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<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>CAROLE ZUMWALT</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>carolezum@yahoo.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/7/2022 9:15 PM</b>

**THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.  
I STRONGLY URGE ALL TO SUPPORT THIS BILL. WE NEED TO BRING SANITY BACK TO OUR STATE  
AND NATION!**



MISSOURI HOUSE OF REPRESENTATIVES  
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<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>CAROLINE RUTH MUELLER</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>peanut_mueller@hotmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 11:49 AM</b>

**THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.**

**Children get far too many vaccinations as it is. Some of these, like the covid 19 jab, have been shown to be detrimental to their health. Let the parents decide what is best for their own children.**





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<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>CAROLYN SPRAGGS</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>carolyn.spraggs@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 8:57 AM</b>

**THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.**

I absolutely support this bill. I am 35 years old and unvaccinated. When I was younger my family used the philosophical objection because of the vaccine injuries they had witnessed in their lives. Now as a parent, I have found that pediatric doctors refuse the care of my children due to their unvaccinated status. Schools should not be able to discriminate children because of their health care decisions.



MISSOURI HOUSE OF REPRESENTATIVES  
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<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>CARRIE MAYBERRY</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>Cmayberry72@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 12:19 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		



MISSOURI HOUSE OF REPRESENTATIVES  
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<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>CARRIE WALKER</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>ctgreat@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 9:32 AM</b>
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I support



MISSOURI HOUSE OF REPRESENTATIVES  
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BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>CARY PEEL</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>cfpeel@charter.net</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/7/2022 5:50 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

I support individuals having a choice. A medical freedom choice.



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>CARY WELLS</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>mo4ted@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 11:37 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**Bureaucrats have infringed on our God give rights. I am full support of bill HB 2009 - Pollock - IMMUNIZATIONS that protects rights of Missourians to live and raise their children according to their conscience which is guaranteed by our constitutions.**



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>CARYN JANINE CROCKETT LEE</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>peterandcaryn@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 1:32 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

Every child is unique, and parents should have the freedom to do what's best for each child. Some people have genetic mutations like the MTHFR gene mutation, that makes vaccination very harmful as they cannot process the toxins from the shots. This results in sometimes catastrophic results. Encephaly, seizures etc. Two of my children suffered very severe side effects from vaccines because of this gene mutation. Yet, when I refused further shots for some of my children I was reported to authorities. This was harassment and so offensive to me. Luckily, I had a good attorney to help. Vaccines are not all safe. If they were so safe, why don't the producers of vaccines have liability? Unless the producers of vaccines accept full liability for each and every adverse side effect, governments should have no power to force injections.



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>CASSIE SMITH</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>cassie.smithrn@protonmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/8/2022 8:20 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**This bill supports the constitutional rights of Missouri parents and children.**



MISSOURI HOUSE OF REPRESENTATIVES  
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COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>CATHERINE BOERO</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>cab68203@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/7/2022 7:43 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

I believe that each parent should have the freedom to abstain from vaccines if they feel it is not in the best interest of their child. Religious reasons or a parent's conscience should be accepted. I say this because I did give my daughter vaccines when she was a child. She developed Juvenile Rheumatoid Arthritis when she was 6. I believe with all my heart that her immune system was not given chance to grow and given the chance I would abstain from vaccines. In no way does this show neglect, but a thoughtful decision with much research and intuition being given. I want my daughter to have that freedom when my grandchildren are born.





MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
<b>WITNESS NAME</b>			
<b>INDIVIDUAL:</b>			
WITNESS NAME: <b>CATHERINE COGORNO</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE:		SUBMIT DATE: <b>2/9/2022 12:00 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>			



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>CATHERINE NOSOVITCH</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>catherinereichardt@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 9:05 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**It is absolutely moronic to believe covid vaccines should be mandated for children. Speak to any and all pediatricians and ask them just how this makes any sense to mandate a covid vaccine to children. This clearly isn't about health. It's about money power and control. It's pure evil. Give parents the right to choose what is best for their family. Stop the government over reach.**



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>CATHERINE STEGALL</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>stegallcat11@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 8:29 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**I support medical autonomy.**



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>CATHY ENGELAGE</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>Engelagecathy@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 8:16 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**I support this bill.**



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>CELENE BROOKS</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>celene247@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 12:58 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>CELESTE WILLIAMS</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>celestet2hope@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/8/2022 8:41 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**I support everything about this bill! Please support this bill**



MISSOURI HOUSE OF REPRESENTATIVES  
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COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>CHARISSA FUHR</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>charissac13@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 1:17 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**This is an amazing bill, no one should fear losing their children for not giving them a medical treatment that could potentially kill their child.**



MISSOURI HOUSE OF REPRESENTATIVES  
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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>CHARLES W JOST</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:                  ZIP:
EMAIL: <b>charles.jost79@yahoo.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/8/2022 8:55 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		





MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>CHERYL BAUMAN</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>cbauman616@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 7:44 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>CHERYL BOHL</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>cabohl@fidnet.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/8/2022 1:19 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**Big Pharma has injected too many immunizations into our children causing many injuries that are being swept under the rug. When Big Pharma became exempt from being sued, there was an explosion in the 80's until the present. This makes them money. Children are receiving massive vaccines until they are 18 years old. Now, they want to give them the Covid Jab that has caused many injuries and even death. Look at open-vaers for the figures.**



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>CHERYL BOHL</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>cabohl@fidnet.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 7:47 AM</b>

**THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.**

**In support of less government out of our lives and business They need to be concerned about all the illegals coming across the border. They are exempt from everything.**



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>	
COMMITTEE: <b>Downsizing State Government</b>			
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
<b>WITNESS NAME</b>			
<b>INDIVIDUAL:</b>			
WITNESS NAME: <b>CHERYL CARTER</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: <b>ccford70@gmail.com</b>		ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 12:51 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>			

I believe parent's and parent's ONLY should be making medical decisions for our children. The Government, School or Doctor's do not own our children. The School and Doctor both have a role in our lives BUT that role does not assume responsibility!!! If parent's choose to vaccinate their children and they believe that the vaccines actually work, then there should be no issues with unvaccinated children within the school or anywhere else for that matter!!! THEIR CHILDREN ARE COVERED, CORRECT? NO child should be DISCRIMINATED against because they do not comply, for whatever reason!!! These reason could be medical, religious, ethical and so on. The three entities mentioned above DO NOT care, feed or clothe my children, nor will they be financially responsible for their college OR for any adverse effect of the vaccines, be it medical or religious. The vaccine companies do not even take responsibility for any adverse effects of the vaccine! How vile for these mandates to be put in place with no regard!!! SO WHY DO THEY GET THIS POWER? They are to EDUCATE? WE THE PEOPLE PAY FOR OUR CHILDREN TO BE EDUCATED? Which by the way, the children, no longer have spelling test, they are no longer taught to sign their name in cursive!!! Lets discuss some real ISSUES, my pediatrician's office insisted that my children get the HPV vaccine, the office staff even called me personally to set this up. When I declined the vaccine, they were offended and wanted to know why. I explained why I was opting out for multiple reasons. It was against my religious beliefs, against the constitution AND my niece had a stroke at 18 yrs old after her second dose. She told me it was against their policies for me not to agree to this, I told her I had declined the other vaccines and she said she'd be looking into that. A week later, I received a certified letter in the mail that was dismissing us from practice unless we complied. I called them and told them that this was not their decision and that I was firing them for malpractice! This is absolutely discrimination!!!! There are parent's all over Missouri that have to look and high and low for a doctor that will allow us to be responsible for our own child's medical decisions, due to this unethical practice! UNACCEPTABLE!! I have an exemption on file with the school, yet EVERY TIME a new vaccine gets added to the list, they require that I get a new exemption form with the said vaccine noted on the document. The problem with this IS, according to State law, I do not have to keep providing them with extra documentation once an exemption is on file and they will in fact harass you and kick your child out of school unless you comply. I have in fact went to get a "new exemption" and guess what? The vaccine they were talking about, wasn't even listed on there!!! I asked the Health Department where the exemptions were that had this particular vaccine on it and they didn't even know what I was talking about. I took it upon myself to write it on there along with a note that stated "ANY CURRENT AND FUTURE VACCINES, INJECTIONS, INCLUDING ORAL" Parent's should not have to go to these great lengths to receive medical care or education, of which WE PAY FOR!!! The old saying goes "stay in your lane" I SUPPORT THIS BILL 100%



MISSOURI HOUSE OF REPRESENTATIVES  
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COMMITTEE: <b>Downsizing State Government</b>			
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
<b>WITNESS NAME</b>			
<b>INDIVIDUAL:</b>			
WITNESS NAME: <b>CHRISTINA BARBAZON</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: <b>cmsaggio@hotmail.com</b>		ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/8/2022 3:59 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>			



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>CHRISTINA FOGG</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>iboliviasmom@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 12:25 PM</b>

**THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.**

**An individual should be able to choose what goes into their body. Our freedom should include health freedom. Thank you for your time.**



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>CHRISTINA KAY</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>c_nunnelee@hotmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 6:41 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**I support this bill.**



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>	
COMMITTEE: <b>Downsizing State Government</b>			
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
<b>WITNESS NAME</b>			
<b>INDIVIDUAL:</b>			
WITNESS NAME: <b>CHRISTINA TAYLOR</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: <b>glitterdice23@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 10:59 PM</b>	

**THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.**

Dear Representatives, Authority of a government should depend on the consent of the people, as expressed by votes in elections. We The People of the great State of Missouri did not elect or vote for any members of the DHHS. We were not asked if we consented to their authority when it comes to what chemicals should, or should not be put into our children's bodies. They have no right to make medical decisions for our children. I believe this bill will help put power back in the hands of the parents who are ultimately responsible for the health and well-being of their families. These mandates are being driven by profit and power, not actual benefit to the children they want to vaccinate. The studies have shown this vaccine is not reducing infection rates, therefore does not provide the protection it promises to keep schools open. We were warned in Parkhill more than once that we have Janitors and unlicensed babysitters in our classrooms instead of teachers because all these vaccinated people are all out sick. Someone in power has to stand up to the narrative that this vaccine is the answer to Covid-19. Not only is it not the answer to the current situation, but there is ample evidence from trusted sources including the almighty CDC that this vaccine hasn't had enough testing on children and is causing considerable harm and life long neurological disorders. The cure is most definitely more dangerous to our children than the virus. All of that aside, my point simply is we want our rights back. We want the right guaranteed to us by our State Constitution, which says, "no human authority can control or interfere with the rights of conscience,". We want our right to parent our children without fear that our government will take them away because we refuse to poison them, and we want our children to be allowed the education they are guaranteed by the constitution by allowing a natural immunity exemption for vaccination. These decisions belong in the hands of parents first and then in the hands of you, the trusted elected officials that we chose to act on our behalf. Regulatory bodies with no oversight and who are not held to account by the people should be stripped of these powers immediately. We do not consent. Thank you for your time and consideration, Christina Taylor





MISSOURI HOUSE OF REPRESENTATIVES  
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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>CHRISTINE HENDRICKS</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>echendricks@prodigy.net</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 7:44 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>	
COMMITTEE: <b>Downsizing State Government</b>			
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
<b>WITNESS NAME</b>			
<b>INDIVIDUAL:</b>			
WITNESS NAME: <b>CHRISTINE LEWIS</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE:		SUBMIT DATE: <b>2/9/2022 12:00 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>			



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>CHRISTOPHER LEE STEPHENS</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>maverick77guy@yahoo.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 11:15 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>CIERRA APA</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:                  ZIP:
EMAIL: <b>cj92luvsaa86@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 1:00 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>CINDY CASPER</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>cjcasper@windstream.net</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 2:39 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>CINDY DEGGENDORF</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>cindydeggen@yahoo.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/8/2022 6:48 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**HB 2009 protects children by creating legislative oversight of all childhood vaccine requirements. This bill will prevent unaccountable DHSS bureaucrats to no longer be able to make an end run around the legislature. That means with HB 2009 average citizens will have an opportunity to influence the process.**



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>	
COMMITTEE: <b>Downsizing State Government</b>			
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
<b>WITNESS NAME</b>			
<b>INDIVIDUAL:</b>			
WITNESS NAME: <b>CLAUDETTE MAHURIN</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE:		SUBMIT DATE: <b>2/9/2022 12:00 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>			



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>CLIF EHLEN</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>cliftonehlen@hotmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 6:02 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		





MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>CLINTON WOODHEAD</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>clintwoodhead@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 12:59 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>COLETTE NICHOLSON</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>colettenicholson@yahoo.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 8:14 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

I support this bill. It is imperative for parents to make health decisions for their children. They know their medical history and what is best for them.



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>COLLEENA STARK</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>colleenads@yahoo.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/8/2022 9:25 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**The long term consequences of the mRNA vaccines are starting to become evident & they are debilitating for those affected. There is no good reason out there to force anyone to get these vaccines.**



MISSOURI HOUSE OF REPRESENTATIVES  
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COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>CONNIE BLECHLE</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>csb4@hotmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 6:36 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>	
COMMITTEE: <b>Downsizing State Government</b>			
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
<b>WITNESS NAME</b>			
<b>INDIVIDUAL:</b>			
WITNESS NAME: <b>CONSTANCE KRAMER</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE:		SUBMIT DATE: <b>2/9/2022 12:00 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>			



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>	
COMMITTEE: <b>Downsizing State Government</b>			
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
<b>WITNESS NAME</b>			
<b>INDIVIDUAL:</b>			
WITNESS NAME: <b>CONSTANCE R. LARSON</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE:		SUBMIT DATE: <b>2/9/2022 12:00 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>			



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>CORRINA SUDDARTH</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>corrib311@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 1:32 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

I am in support of a parent's right to choose what is best for their child especially when it comes to medical decisions such as vaccines.



MISSOURI HOUSE OF REPRESENTATIVES  
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COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>CRISTA LONG</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:                  ZIP:
EMAIL: <b>cristaleann13@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 11:24 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		





MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>CRYSTAL DOMAGALSKI</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>cryadk01@yahoo.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/7/2022 10:24 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**I support HB 2009.**



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>CYNTHIA BRADBURN</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>kateblake2000@yahoo.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 9:18 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**No vaccine mandates!!**



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>CYNTHIA L HOFFMEISTER</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>cindy.hoffmeister67@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 12:45 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**In support of this bill.**



MISSOURI HOUSE OF REPRESENTATIVES  
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COMMITTEE: <b>Downsizing State Government</b>			
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
<b>WITNESS NAME</b>			
<b>INDIVIDUAL:</b>			
WITNESS NAME: <b>CYNTHIA L JONES</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE:		SUBMIT DATE: <b>2/9/2022 12:00 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>			



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>	
COMMITTEE: <b>Downsizing State Government</b>			
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
<b>WITNESS NAME</b>			
<b>INDIVIDUAL:</b>			
WITNESS NAME: <b>CYNTHIA MITCHELL</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE:	SUBMIT DATE: <b>2/9/2022 12:00 AM</b>	
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>			



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>CYNTHIA MUELLER RICE</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:                  ZIP:
EMAIL: <b>rice_cynthia@netzero.net</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 11:18 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**We need to stop government overreach. Unelected bureaucrats are trampling our right to choose what we put in our bodies and in our childrens' bodies. Our God-given immune system is best. We don't want our DNA altered by gene therapy shots masquerading as vaccines. Therefore, I support HB 2009.**



MISSOURI HOUSE OF REPRESENTATIVES  
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COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>CYNTHIA REDBURN</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>redburncl@yahoo.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/7/2022 8:32 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**Authority over children's health and medical decisions must be left in the hands of parents. This bills restores and protects parents rights.**



MISSOURI HOUSE OF REPRESENTATIVES  
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COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>CYNTHIA RICHARDS</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>crichar18@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 9:18 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

I am strongly in favor of this bill. There is NO medical reason whatsoever for school age children to be injected with a Covid 19 vaccine. We need strong legislation in place in Missouri to prevent this kind of dangerous threat to our children's health.





MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>CYNTHIA ROUBIQUE</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>cynthiar@outlook.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/7/2022 11:54 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b> <b>Our children have been through enough! Please, do the right thing and save them!</b>		



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>CYNTHIA SAMPLES</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>csamples58@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 6:17 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

I am writing in support of HB 2009. I believe we should have the choice to determine what we feel is necessary and in our best interests regarding ours and our children's bodies and healthcare. For that reason, I am against any and all forced vaccination mandates for all schools, public, private, elementary, secondary and post secondary. I am also against any and all punitive measures against parents who choose not to vaccinate their children. I believe it is our right to follow our own conscience for ourselves and our children regarding this matter. Thank you.



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>CYNTHIA TRACY</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>thecidthekid23@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 3:11 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>DALE EMILY</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:                  ZIP:
EMAIL: <b>tdemily@hotmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/7/2022 9:07 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**Vaccination decisions are to be made by parents, not the government. This is supposed to be America, where we, the people, are FREE to make up our own minds. We need to be in charge of our own lives, without government intervention of any kind. These politicians need to realize that We, the People, run the government, they do not run us.**



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>DAMON DILLARD</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>damon.dillard@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 10:42 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**We must returned to Constitutionally constrained government**



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>DAMON GAMBLE</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>dlgedd@live.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 9:59 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**I support this bill. Please stand up for parental rights in Missouri!**



MISSOURI HOUSE OF REPRESENTATIVES  
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COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>DAN RANDALL</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>dan.randall@sbcglobal.net</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/8/2022 9:07 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

Please vote yes for HB 2009



MISSOURI HOUSE OF REPRESENTATIVES  
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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>DANA ADAMS</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:                  ZIP:
EMAIL: <b>nonigirl@yahoo.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/8/2022 11:39 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

I'm in support of this.





MISSOURI HOUSE OF REPRESENTATIVES  
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COMMITTEE: <b>Downsizing State Government</b>			
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
<b>WITNESS NAME</b>			
<b>INDIVIDUAL:</b>			
WITNESS NAME: <b>DANA GRANBERG-NILL MD FAAFP</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: <b>danahgranberg@hotmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 4:26 AM</b>	
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>			

In the last 2 years, I have resigned from my family medicine practice (of 20 years), spoke at school board and health board meetings, written my daughters college and businesses using vaccine status in policies promoting unequal treatment/ discrimination and have witnessed the destruction of family and community relationships and goodwill. The distrust is palpable and I am left disillusioned with my profession and the governmental response to “protect” our citizens. I have been reported to the Missouri state board of healing arts by an individual that used this as a punitive measure, not for my patient care, rather, as a punishment for expressing my medical opinion in an open forum with other physicians. This violates my freedom of speech and silences professionals like myself that are doing as we are trained to do which includes critical thinking, assessment of risk vs benefit of emerging medical data and the right to discuss these issues in public forums without threat, censorship, or punitive measures by citizens, employers, and our professional societies. The manner in which my care for patient during the last many months of my employment was restricted, discouraged, punished and censored is unAmerican, unwarranted, and unethical. It is very difficult to bear being accused of misinformation, when data you provide is not even considered, let alone reviewed. Meanwhile, agencies, such as a local health department, provide information that I would argue (and have) is inaccurate without any response or correction made even if brought to their attention. They are afforded a protection that the individual physician is not. I feel the same way with regard to school board policies. No data or emerging trends is able to sway policy. It seems to be a David versus Goliath of bureaucracy and money. I am happy to provide specific details of my struggles in the last 2 years in trying to care for patients. I would welcome any opportunity to work to restore patient trust in the medical community for many of those that have lost faith in both the medical profession and the government that is supposed to protect us. Sincerely, Dana H Granberg-Nill MD FAAFP



MISSOURI HOUSE OF REPRESENTATIVES  
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COMMITTEE: <b>Downsizing State Government</b>			
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
<b>WITNESS NAME</b>			
<b>INDIVIDUAL:</b>			
WITNESS NAME: <b>DANIEL R MCCAMMAN</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE:	SUBMIT DATE: <b>2/9/2022 12:00 AM</b>	
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>			



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>DANIEL SPELL</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>baydawg@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/8/2022 7:24 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>DANIELLE HOPPER</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>dhopp21@yahoo.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 6:56 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>DANINE PRESTON</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>daninepreston@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/8/2022 2:34 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**DHSS does not have the right to influence anyone regarding personal medical decisions like child vaccination. No one has the right to decide what I put in my child but me.**



MISSOURI HOUSE OF REPRESENTATIVES  
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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>DARIN FOKTZ</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:                  ZIP:
EMAIL: <b>darinfoltz@icloud.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 10:52 AM</b>

**THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.**

**No one has a right to do anything to my child w out my consent. Period. This shouldn't even be considered and for any elected officials to even consider this is deplorable.**



MISSOURI HOUSE OF REPRESENTATIVES  
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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>DARLENE MALPOCKER</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:                  ZIP:
EMAIL: <b>darlenemalpocker@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 11:57 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>	
COMMITTEE: <b>Downsizing State Government</b>			
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
<b>WITNESS NAME</b>			
<b>INDIVIDUAL:</b>			
WITNESS NAME: <b>DARLENE SMITH</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE:	SUBMIT DATE: <b>2/9/2022 12:00 AM</b>	
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>			





MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>DAVE MYERS</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>Fortruthandliberty@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 7:02 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

We can't account for every single parent or administrator, but we don't make rules based on exceptions, either. The playing field must be level; then, the individual citizen shall choose to rise to the occasion of public expression, or to sit and remain silent. I would always err on transparency over secrecy, the voice of the people over that of a single, appointed bureaucrat. The idea that parents should have more say in their children's lives is a no-brainer. That private schools should be able to dictate their qualifications without government requiring them to do so should be obvious. I am wholeheartedly in favor of this bill!



MISSOURI HOUSE OF REPRESENTATIVES  
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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>DAVID ALLEN COX</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>jlcdac@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/7/2022 7:55 PM</b>

**THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.**

**Parents need to be in control of their children's health, not a bureaucrat. This bill needs to be passed and signed immediately.**



MISSOURI HOUSE OF REPRESENTATIVES  
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COMMITTEE: <b>Downsizing State Government</b>			
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
<b>WITNESS NAME</b>			
<b>INDIVIDUAL:</b>			
WITNESS NAME: <b>DAVID ANDERSON</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE:		SUBMIT DATE: <b>2/9/2022 12:00 AM</b>
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MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>DAVID GILLEAN</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>davidgillean@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/8/2022 9:29 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>DAVID LARSON</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>david_larson@ymail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/7/2022 11:20 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>DAVID LASH</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>dlash@travelteam-kc.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/8/2022 9:33 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

It is essential that our state government remain responsive to the will of the people and that is best accomplished by vesting significant decisions in our elected representatives rather than appointed or employed bureaucrats. Nowhere is this more important than in health care and other social services where governmental intrusion is unwelcome and unwarranted. Many aspects of health care, family life and parenting are private matters of belief and conscience which all Americans should be free to choose. The choice of medications and vaccinations for ourselves and our children is clearly in that category and should be left to personal and parental discretion. HB2009 helps guarantee that freedom and should be passed promptly.



MISSOURI HOUSE OF REPRESENTATIVES  
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<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>DAVID LISINSKI</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>davidlisinski@sbcglobal.net</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/8/2022 7:55 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

I support this legislation to protect children from government overreach - no matter how "well-intentioned" it may be envisioned to be.



MISSOURI HOUSE OF REPRESENTATIVES  
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<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>DAVID MURPHY</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>damurfdavid@hotmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 8:58 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		





MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>DAVID REA</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>moparsb4me@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/7/2022 7:43 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		



MISSOURI HOUSE OF REPRESENTATIVES  
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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>DAVID SMARR</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>davesmarr@me.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 11:47 AM</b>

**THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.**

**Strongly support**



MISSOURI HOUSE OF REPRESENTATIVES  
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COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>DAVID WALLACE</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>drdave@adiochiro.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/7/2022 8:32 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>DAVITA HARM</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>hazette99@yahoo.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 5:15 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

I support this bill. The Health Department has made it harder to get the forms needed when getting an exemption. There should not be a run around when the decision is yours as a parent for reasons they don't need to know. Schools should not get funding for health choices made by an individual or family.



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>DAWN BUCKNER</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>authorvivianward@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 3:19 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**No additional vax requirements! I support this bill!**



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>DAWN WRIGHT</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>allwright73197@sbcglobal.net</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 5:11 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**We as parents deserve to have the right to make decisions for our own children !!**



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>DAWN ZAGARRI</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:                  ZIP:
EMAIL: <b>dawnzagarr@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/8/2022 12:10 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>DEANNA RHODES-WIDMER</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>dearhodes6819@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/8/2022 10:23 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

I want my children to be able to decide what vaccinations are appropriate for my grandchildren. Government has no right to know what goes into the blood of anyone. They never should have been allowed. All exemptions should be excepted. I'm shocked at the overreach of our government on both the Democrat and Republican sides. Only god has the right to judge. I'm in complete support of HB 2009 sponsored by Representative Suzie Pollock. I applaud her for standing up for the rights of all Missourians. Thank you





MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>DEBBIE CRISWELL</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>danddcris@aol.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 2:12 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>DEBBIE MOORE</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>debbiemore63@hotmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 10:25 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**This is a good start. But government needs to stay out of raising children. That is the parents right!**



MISSOURI HOUSE OF REPRESENTATIVES  
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COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>DEBBY JONES</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>debby06j@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/8/2022 11:24 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

Legislative oversight, not federal mandate, should be the way to support children's vaccinations. Exemptions should be allowed by the parents and religious and medical exemptions allowed as usual. The federal government should not interfere w parental responsibilities nor medical, and honor religious exemptions. I am a retired school nurse.



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>DEBORAH A FLORIDO</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:                  ZIP:
EMAIL: <b>kcftballfan@aol.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/8/2022 9:04 PM</b>

**THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.**

**The responsibility of raising and caring for children should lie solely in parents and/or legal guardians. Vaccinations, treatments or any medical decisions should not be made by school boards, mayors or public officials. This is the right of a parent!**



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>DEBORAH DEAN</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:                  ZIP:
EMAIL: <b>deborahdean5397@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 11:42 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

I input my Reason button incorrectly the first time. I am in support of not mandating the Covid vaccine for students (or anyone for that matter) to enter school. It is wrong to mandate anything that should be a personal choice. The government needs to stop micro-managing our lives.



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>DEBORAH FERGUSON</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:                  ZIP:
EMAIL: <b>xiezmom@yahoo.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 2:47 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

As a registered voter and Missouri resident, I'm looking for my elected officials to represent me. Specifically, the government / state / public health "officials" have NO BUSINESS demanding / mandating / requiring proof of / invading the privacy of parents-students-families-constituents. This bill accomplishes that.



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>	
COMMITTEE: <b>Downsizing State Government</b>			
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
<b>WITNESS NAME</b>			
<b>INDIVIDUAL:</b>			
WITNESS NAME: <b>DEBORAH L. CRAIG</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE:		SUBMIT DATE: <b>2/9/2022 12:00 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>			



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>DEBORAH MANTONYA</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>amazonddm@hotmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 6:35 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**I support this bill wholeheartedly. Vaccines should be personal choice.**





MISSOURI HOUSE OF REPRESENTATIVES  
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COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>DEBORAH WIERSMA</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL:	ATTENDANCE:	SUBMIT DATE: <b>2/9/2022 12:00 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>DEBRA BRANSTETTER</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>Debrabran@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/8/2022 10:43 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**I am in favor of this bill to protect our children!**



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>DEBRA TALBERT</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>debtalbert53@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/8/2022 5:05 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>DELMAR MILLS</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>delmar64@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/8/2022 5:56 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**I fully support HB 2009.**



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>DENISE SHEA</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>lacmom3b@yahoo.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 1:21 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>	
COMMITTEE: <b>Downsizing State Government</b>			
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
<b>WITNESS NAME</b>			
<b>INDIVIDUAL:</b>			
WITNESS NAME: <b>DENNIS MCDONALD</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE:		SUBMIT DATE: <b>2/9/2022 12:00 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>			



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>DESIRAY MARIE LOZA-BLAKES</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:                  ZIP:
EMAIL: <b>mamiof3boys2010@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 7:19 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>DESIREE DARLING</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>desireedarling@ymail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/8/2022 5:32 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		





MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>DIANA DUNNE</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>ddunne102@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 10:13 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>DIANA IJAMES</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:                  ZIP:
EMAIL: <b>1776usaproud@protonmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/8/2022 10:17 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>DIANE CLARK</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>dianeclark65@icloud.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 9:22 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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COMMITTEE: <b>Downsizing State Government</b>			
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
<b>WITNESS NAME</b>			
<b>INDIVIDUAL:</b>			
WITNESS NAME: <b>DIANE CLARK</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE:		SUBMIT DATE: <b>2/9/2022 12:00 AM</b>
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MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>DIANE HINES</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>dianehines86@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 7:41 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**I fully support this bill.**



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>DIANE M UNGER, RN</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>dianeunger@hotmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 9:29 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>DIANE NEFF</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>dianejneff@sbcglobal.net</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/7/2022 9:04 PM</b>
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**Parents and only parents should have the right to choose what vaccines they feel would be the best for their child's health and safety.**



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>DIANNA MEINECKE</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>diannam30@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 1:11 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		





MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>	
COMMITTEE: <b>Downsizing State Government</b>			
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
<b>WITNESS NAME</b>			
<b>INDIVIDUAL:</b>			
WITNESS NAME: <b>DIANNE WICKENHEISER</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE:		SUBMIT DATE: <b>2/9/2022 12:00 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>			



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>DON GRIMM</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>dhgjlg@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/8/2022 2:49 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>	
COMMITTEE: <b>Downsizing State Government</b>			
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
<b>WITNESS NAME</b>			
<b>INDIVIDUAL:</b>			
WITNESS NAME: <b>DONA HORNBURG</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE:	SUBMIT DATE: <b>2/9/2022 12:00 AM</b>	
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>			



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>DONNA HOUSEMAN</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL:	ATTENDANCE:	SUBMIT DATE: <b>2/9/2022 12:00 AM</b>
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MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>DONNA PRATHER</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:                  ZIP:
EMAIL: <b>donnapratherkc@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 1:09 PM</b>

**THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.**

**I want my rights and my children's rights protected. We should determine what vaccines we give our children.**



MISSOURI HOUSE OF REPRESENTATIVES  
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COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>DOROTHY STEELE</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>dotkstele@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 6:47 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>DR. WESLEY SCROGGINS</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:                  ZIP:
EMAIL: <b>wesleyscroggins@gmail.com</b>	ATTENDANCE: <b>In-Person</b>	SUBMIT DATE: <b>2/7/2022 10:15 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

I support HB 2009 because it creates legislative oversight of required immunizations for Missouri children. At present, the Department of Health and Senior Services can modify and add to the list of required immunizations without the consent of Missourians. The people of Missouri should have a voice in decisions regarding required vaccines for children. This bill establishes that voice through the Legislature, the elected representatives of the people. I ask that you support HB 2009 so that the people have a voice on the issue of vaccinations.



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>DYAN RYDHOLM</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>dyan.matteson@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 12:46 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**Our bodies.. Our choice!!! No one should have to or be told by anyone.. To inject anything.. We have the right.. Way i see it.. God didn't put it there.. It doesnt beed to be there.. If He put.it there.. Leave it alone.**





MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>ED FRITZ</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>efritz@reo2.net</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 12:57 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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COMMITTEE: <b>Downsizing State Government</b>			
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
<b>WITNESS NAME</b>			
<b>INDIVIDUAL:</b>			
WITNESS NAME: <b>EDITH ROSE BENNETT</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: <b>benacorn@hotmail.com</b>		ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/8/2022 9:47 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>			



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>	
COMMITTEE: <b>Downsizing State Government</b>			
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
<b>WITNESS NAME</b>			
<b>INDIVIDUAL:</b>			
WITNESS NAME: <b>EDWARD TRADER</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE:		SUBMIT DATE: <b>2/9/2022 12:00 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>			



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>ELAINE WHITED</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>stlpetalpower@protonmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 11:54 PM</b>

**THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.**

I am mostly in favor of this bill and have the following comments: I do not agree that the meningococcal vaccine should be required for students living in publicly-owned property. And, I do not agree that immunization requirements should apply to all public daycare centers, preschools, or nursery schools. However, as long as religious or medical exemptions are honored without coercive and unrealistic requirements, this could be acceptable. Parents should not be required to have anyone's approval for a religious exemption. They do not need pastor, priest or church affiliation for approval. This decision is between them and God. I absolutely agree that parents should not be targeted by governmental agencies (including health agencies) or law enforcement authorities for protecting their children from immunizations or other medical interventions/treatments regardless of reason or belief. Parents should not be under the scrutiny of governmental or health agencies. As a child, my parents exercised their parental right to withhold the polio vaccine due to harms caused by it. To this day, I am grateful that they were aware, informed and capable of making a decision regarding my health. The government is not the parent and any attempt to be so or infringe a parent's authority is wrong and evil. Government has no authority regarding personal health decisions. The Missouri government must protect and promote holistic and alternative health practices. It is wrong to promote and require pharmaceutical interventions on society. Human beings have God-given human rights that no government shall infringe.



MISSOURI HOUSE OF REPRESENTATIVES  
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COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>ELISABETHE MEYER</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>lisameyer210@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/8/2022 9:37 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

I have a child who was vaccine-damaged, and other children who had bad side effects. We later learned that our children had pre-existing conditions making many vaccines CONTRAINDICATED in the package inserts. Please support the patient-doctor relationship to determine best vaccine schedules and exemptions.



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>ELIZABETH DOWNER</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:                  ZIP:
EMAIL: <b>reachforrainbows@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/8/2022 10:13 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**My family's health freedom is very important to me. I believe it is very important for parents to be free to choose how their children's medical health is maintained. This includes all vaccinations for all things. An adult must be free to choose their personal medical health in all respect. No human other than oneself can make the conscious decision about one's personal health. One's belief is their own personal choice. No one ever can dominate another person's belief system. This is not ever a neglectful decision. Personal health is a very serious decision and one must always have a choice. No matter what one's choice is. Personal choice for doctors is very important also. One should always be allowed to choose what doctor one wants to see for their health.**



MISSOURI HOUSE OF REPRESENTATIVES  
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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>ELIZABETH KUSTERER</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>kusterer1@sbcglobal.net</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/8/2022 7:18 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>ELIZABETH LIN</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>joynotes2u@yahoo.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 7:44 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**As a parent of a special needs child I strongly am in support of this bill. Parents should be able to get religious or medical exemptions for their child regarding immunizations. My child, who is three years old, has a known disability that research shows strongly reacts negatively to many immunizations. I would like to have the ability to exempt my child from these immunizations and not have to choose between my child not having special education services at school or having him take the immunizations and regressing in his abilities because of medical reactions.**





MISSOURI HOUSE OF REPRESENTATIVES  
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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>ELIZABETH MORSE</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>elizabeth.a.morse@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 1:47 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**It's not up to the government to discern what is best for our children's health and well being. Let's continue to let parents be parents and make decisions on their children's healthcare.**



MISSOURI HOUSE OF REPRESENTATIVES  
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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>ELIZABETH STIGALL</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>eacralley@yahoo.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 9:46 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**I support this bill.**



MISSOURI HOUSE OF REPRESENTATIVES  
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<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>EMILIE LUNT</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>emilieduncan@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/8/2022 10:14 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**We strongly support this bill and the limits it seeks to place on bureaucratic control.**



MISSOURI HOUSE OF REPRESENTATIVES  
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COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>EMILY MAXWELL</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>ejn969@cccb.edu</b>	ATTENDANCE: <b>In-Person</b>	SUBMIT DATE: <b>2/9/2022 10:00 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**This bill allows for both more freedom in individual health care choice and provides information to allow individuals to make appropriate, informed choices.**



MISSOURI HOUSE OF REPRESENTATIVES  
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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>ERICA DILLARD</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>dillardERICA@ymail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 9:25 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		



MISSOURI HOUSE OF REPRESENTATIVES  
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COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>ERICA SCHIERMEIER</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>kisn31@yahoo.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 1:38 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>ERIK BAYER</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>erik_bayer@yahoo.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/8/2022 9:48 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>ERIKA SOMMERMEYER</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>egsommermeyer@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 7:26 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		





MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>ERIN CHUPP</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>erinchupp@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 2:11 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>ERIN DUNN</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>weapon2277@yahoo.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/7/2022 9:56 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

In the land of the free and home of the brave, we must be able to exercise our right of conscience to make the decisions we feel are best for ourselves and our children. I support HB 2009 and the protections it provides for Missouri families and their ability to decide freely what they consent to without fear or extraneous burden. A mother of 2, I was able to obtain a religious exemption from mandated vaccines for my children while they were in school, but it always bothered me that my non-religious counterparts were put into a position to either submit to the mandates or lie about their beliefs in order to be afforded that same right. Every Missourian should be able to make their own choices based on their own reasons without government approval, and I believe that this bill improves the ability for them to do so.



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>ERIN HOPKINS</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>erinhopkins85@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 10:49 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>	
COMMITTEE: <b>Downsizing State Government</b>			
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
<b>WITNESS NAME</b>			
<b>INDIVIDUAL:</b>			
WITNESS NAME: <b>ERIN NELSON</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE:		SUBMIT DATE: <b>2/9/2022 12:00 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>			



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>ERINN GRAHAM</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>teacup_graham@yahoo.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 11:42 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>EUGENE S. DEGGENDORF</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:                  ZIP:
EMAIL: <b>genexxd@att.net</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/8/2022 4:45 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b> <b>It is vitally important for society to return to normal everyday functions today not tomorrow!</b>		



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>	
COMMITTEE: <b>Downsizing State Government</b>			
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
<b>WITNESS NAME</b>			
<b>INDIVIDUAL:</b>			
WITNESS NAME: <b>EVELYN REHAGEN</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE:		SUBMIT DATE: <b>2/9/2022 12:00 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>			



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>FARA LYNN MCSPADDEN</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>faralynn@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 9:18 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		





MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>FAY OWSLEY</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>fay.owsley@yahoo.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/8/2022 12:54 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>FELIX SALAZAR</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>felix@blrfarms.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/7/2022 7:59 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**The Government should have no authority over my medical choices. How is it that our representatives support the killing of a child of the womb and yet want to force we the people to comply with their demands of my body?**



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>FERRIS MOSBY</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:                  ZIP:
EMAIL:	ATTENDANCE:	SUBMIT DATE: <b>2/9/2022 12:00 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>FRIEDA BACON</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>friedabacon@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/8/2022 2:46 PM</b>

**THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.**

I support HB2009 because I am adamantly opposed to immunization mandates. Our children **MUST** be protected from government overreach.



MISSOURI HOUSE OF REPRESENTATIVES  
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COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>GAIL GRISWOLD</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL:	ATTENDANCE:	SUBMIT DATE: <b>2/9/2022 12:00 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>GAIL IRWIN</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>ralphirwin@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 2:49 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

I support the HB2009 bill. It is important to our family to have the freedom to make medical decisions for our children based on our conscience.



MISSOURI HOUSE OF REPRESENTATIVES  
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BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>GARY FARRAR</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>janfarrar@reagan.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/8/2022 8:50 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>GARY M ALTERGOTT</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>agott682@yahoo.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/8/2022 6:18 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

Having read the Executive Summary of HB 2009, I find myself in full agreement to its meaning and purpose. I am of the opinion that too many government agencies are more in to power and control over common sense. The term "In Loco Parentis" (place of the parent) has been expanded from "certain responsibilities by an individual or organization" to a code word for "24/7 " control by government agencies over the natural authority of the parents. HB 2009 restores parental authority over their children's health care and restores legislative oversight over vaccine mandates. Other elements clarifies existing authority of parents re: whether or not to allow their children to be vaccinated. It codifies the Religious or Conscientious exemption form, prevents parents' decision not to vaccinate their children from being used as a contributing factor in child neglect or abuse charges. There are other measures to remedy a situation I believe has gone out of control. We need to restore the rights of the parents from government and bureaucratic overreach. Thank you for allowing my voice to be heard.





MISSOURI HOUSE OF REPRESENTATIVES  
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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>GAYLA PREWITT</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>floodwaterproductions@outlook.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 11:10 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**I support this bill!**



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>GENEVIEVE SEIBERT</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>gseibert44@icloud.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/7/2022 8:03 PM</b>

**THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.**  
**Opposed to mandatory Covid vaccines for attendance.**



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>GEOFFREY PRATTE</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>marcpratte@yahoo.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 9:59 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>GERALD KEIM</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL:	ATTENDANCE:	SUBMIT DATE: <b>2/9/2022 12:00 AM</b>
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MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
<b>WITNESS NAME</b>			
<b>INDIVIDUAL:</b>			
WITNESS NAME: <b>GERALD L HOUSEMAN</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE:		SUBMIT DATE: <b>2/9/2022 12:00 AM</b>
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MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>GERALD LABENZ</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>mohusker1974@yahoo.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/8/2022 8:58 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**Vaccinating anyone under 20 is potentially killing them; and, will ruin their health long term. Stop  
Vaccinations in Missouri.....PLEASE**



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>GERI THWING</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>jimger5@sbcglobal.net</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 7:25 AM</b>

**THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.  
Stop using our tax dollars to bribe families to give our children covid vaccines!!! Disgusting!!!**



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>GERI THWING</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>jimger5@sbcglobal.net</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/7/2022 7:21 PM</b>

**THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.  
STOP MANDATES ESPECIALLY VACCINE MANDATES GFOR PUR CHILDREN!!! STOP ALL MANDATES!  
!!**





MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>GINNY MCTIGHE</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>mctighe@ucmo.edu</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 6:55 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>	
COMMITTEE: <b>Downsizing State Government</b>			
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
<b>WITNESS NAME</b>			
<b>INDIVIDUAL:</b>			
WITNESS NAME: <b>GORDON MIDGLEY</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE:		SUBMIT DATE: <b>2/9/2022 12:00 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>			



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>GRACE BELLANTE</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:                  ZIP:
EMAIL: <b>gbellante20@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/8/2022 6:29 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

I am in support of HB 2009. The state (and federal) government cannot mandate any medical treatment or immunization for children from Covid virus. Parents are the only ones who can make the decision on a child's healthcare. Children have NEVER been at risk forgetting and spreading this virus. This government overreach is unconstitutional unethical and goes against HIPPA and ADA laws. As a 50 yr healthcare professional myself, this is nothing short of medical tyranny



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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COMMITTEE: <b>Downsizing State Government</b>			
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
<b>WITNESS NAME</b>			
<b>INDIVIDUAL:</b>			
WITNESS NAME: <b>GREGORY HAYS</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE:	SUBMIT DATE: <b>2/9/2022 12:00 AM</b>	
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>			



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>HANNAH BURNS</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>hnnhsads1234@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/8/2022 9:39 AM</b>

**THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.**

HB 2009 is a much needed amendment to current Missouri law. This bill will help restore parental rights when it comes to healthcare decisions for their children, and bring checks and balances to the Department of Health and Human Services. We all want what's best for our kids, and every family is different; what's best for one family may not be best for another. Parent's have the right to choose, and their child's education shouldn't be affected by a very personal medical decision. Privately funded and organized schools and daycares should have the freedom to set their own standards for attendees, NOT the government setting those operating standards for them. Please support HB2009. Its good for families, and good for Missouri.



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>HANNAH HUFF</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>hhuff08@yahoo.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/7/2022 9:29 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

Please please pass this bill. Parents should be the ultimate decision makers for their children. The government and the schools do not own the children. Children belong to their parents. We should not have unelected bureaucrats making decisions about what our children must put in their bodies. If someone is going to make a requirement for school children, they should have some accountability from involved parties, such as parents who can vote them out if necessary. Parents know what is best for their own children.



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>HANNAH WYATT</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>hannahjoys89@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 7:12 PM</b>

**THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.**  
Freedom is important for my family and children



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>HARRIETT SUMMERS</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>harriettsummers@hotmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 1:45 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		





MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>HAVEN HOWARD</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>havenhoward01@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 9:49 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**Its time to stop the unconstitutional mandates. I support this bill.**



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>HAYLEE HERCULES</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>Haylee.hercules@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 1:01 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**These choices should solely be the decision of each individual family to make. Schools are here to educate, not make health decisions for our children.**



MISSOURI HOUSE OF REPRESENTATIVES  
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COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>HAYLEY WALTON</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>hayley.mayo85@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 9:52 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

I support us as parents choosing what's best for our children's interest and not the government or schools. Bribing our children into getting vaccinated is disgusting. Whether it be the covid 19 vaccine or any vaccine parents should be the ones to choose any and all medical care that their child receives. School and government need to mind their own business



MISSOURI HOUSE OF REPRESENTATIVES  
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COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>HEATHER A STOLLE</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>sistermaidsstl@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/8/2022 6:42 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>HEATHER BEEM</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>heather_beem@hotmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 1:34 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

I support HB 2009. Parents should have the right to choose what medical procedures are best for our children, not the government, and those rights should be protected. Immunizations can cause adverse reactions that can be lifelong. With risk, there must be choice. Parents should not have to worry about losing their rights under the MO and US constitutions by our government officials or worry about someone claiming abuse or neglect based on their medical decisions for their family. Please support parental choice.



MISSOURI HOUSE OF REPRESENTATIVES  
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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>HEATHER BROWN</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>heather@stlbrowns.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 9:22 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

I have been personally affected by the extra requirements and hardships county health departments put parents through to obtain religious exemptions. Our family is also now apparently on a sunshinable list somewhere, which is the antithesis of protecting the lives of children and their private medical information. We saw how that turned out with conceal carry permit holders. It is also religious discrimination and unelected bureaucrats should not be able to make rules and regulations that defy state law. Elected officials should be making those decisions as they are accountable to the people. Please support this bill and in doing so, support parents' rights and religious freedoms.



MISSOURI HOUSE OF REPRESENTATIVES  
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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>HELEN BRAWLEY</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>brawleymom@yahoo.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 11:58 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**Parents need to be the ones to make vaccine choices for children, not school districts.**



MISSOURI HOUSE OF REPRESENTATIVES  
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COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>HELEN GRAY</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:                  ZIP:
EMAIL:	ATTENDANCE:	SUBMIT DATE: <b>2/9/2022 12:00 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		





MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>HILARY DELONG</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>hilary.delong@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 12:24 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

I support the constitutional and natural rights for parents to make the best health decisions for their children.



MISSOURI HOUSE OF REPRESENTATIVES  
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COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>HOLLY GIRGIN</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>hollygirgin@outlook.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 6:47 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

As a person who has been vaccine harmed herself, is a parent of a now-adult child who was adversely affected by vaccines herself on more than one occasion I respectfully ask all legislators to support HB2009. Parents and children deserve no less than to have 100% body autonomy...a RIGHT to choose what is required to be injected into OUR bodies. HB2009 is a badly needed firewall to protect we the people from harmful government overreach. It is critical that this bill be approved. We cannot wait any longer. We are looking to you all to do the right thing. Respectfully submitted,



MISSOURI HOUSE OF REPRESENTATIVES  
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COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>HOLLY TUCKER</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>angelmadison86@yahoo.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/7/2022 7:52 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**I fully support this bill.**



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>HOLLY WISNER</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:                  ZIP:
EMAIL: <b>hwisner246@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 11:38 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**No vaccine requirements!**



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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COMMITTEE: <b>Downsizing State Government</b>			
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
<b>WITNESS NAME</b>			
<b>INDIVIDUAL:</b>			
WITNESS NAME: <b>JAIME CHEANEY</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: <b>jcheaney@yahoo.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/8/2022 9:14 PM</b>	
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>			

I am unable to testify in person, unfortunately, due to a personal medical situation. However, my testimony is very important. My husband and I are the parents of 11 amazing children ages 22-4. I am also an RN, BSN, who quit working partway through having my large family because it was more important for me to be home with my babies than work. Our oldest child had a severe reaction to her first and only MMR. She swelled up and developed hives all over her entire body and had a high fever for a week. Thankfully, she had no long term adverse effects. Our second child developed a double ear infection within two days of every well check where she received vaccines for 8-9 diseases at once. She acquired chicken pox FROM her only varicella vaccine, then later acquired chicken pox with her entire preK class. She later had shingles in 1st and 3rd grade. Her pediatrician said that shingles in children is now common because vaccine immunity is totally different than the natural immunity I received as a child during my rite-of-passage case of the chicken pox in kindergarten. This child is now a young adult and I believe her vaccines triggered multiple severe and life threatening food allergies. She cannot eat apples, wheat, sesame seeds, nuts, coconut, or peanut without severe hives. Our third child developed measles encephalopathy (it was diagnosed years later by an immune specialist upon review of his health history) FROM his only MMR at age 15 months. When this child received his 18 month vaccines at his "well check," he became very lethargic and sick for two full weeks. His next younger sibling was born then, and it is a blur of sleepless nights, but after the two weeks of lethargy, our son lost all verbal and motor skills. He was later diagnosed with a chronic form of autoimmune encephalitis (his immune system attacks his brain), and it was triggered by his 18 month vaccines. Thanks to an amazing out-of-state physician, my son receives IV infusions (high dose immune globulin and IV steroids) every 4-6 weeks for life. He is now 18 and has regained all lost motor and verbal skills. He lives independently at college, is amazingly smart, and has a bright future. If we had not spent tens of thousands of dollars out-of-pocket to find doctors to reverse his vaccine injury, he would be profoundly disabled today. Thanks be to God, he will have a normal life with medical infusions that cost \$35,000 each month. Our fourth child was born right after our third child received his 18 month vaccines. I was a good nurse and made sure to bring child #3 to get his vaccines before little brother was born so he wouldn't be late. Well, child number four had immediate and profoundly severe encephalitis after his six month vaccines. This child babbled multiple angry baby sounds after that round of shots. He screamed all night long the high pitched, abnormal encephalitis scream following those shots, followed by repetitive jerking and yelping coming from deep inside his throat. He finally nursed to sleep after hours of screaming, only to wake up silent and severely damaged the next morning. I have no idea why he wasn't a SIDS baby that night, by the grace of God he woke up the next day. However, our sweet little six-month-old baby boy had overnight lost the ability to babble, laugh, blow raspberries, smile, roll over, make eye contact, and sit up. His torso muscles were like jello the next morning—the day before he was sitting up independently and playing with baby toys. This son

also is under the care of the out-of-state immune specialist who reversed his vaccine-triggered brain swelling and damage. He is now a junior in high school, very smart, and has a bright future. Had he not begun intensive regimens to reverse the brain damage early on (he started at 9 months of age when he still hadn't regained any lost skills), he would be profoundly disabled today. I don't think he would've ever walked or talked. Needless to say, as an RN I had been pretty brainwashed to think vaccines were only good. I never learned any possible side effects besides redness and fever—not in nursing school and NOT from my pediatrician before any of my children's vaccines were administered. Because I was not made aware of the possible severe side effects or ingredients of my children's vaccines, I was denied informed consent. Informed consent is something that nurses fight for for their patients. Informed consent is why surgery consent forms are scary (the worst side effects are awful). For some reason, vaccines have complete immunity from informed consent and liability for injury. The vaccine manufacturers are not liable for their vaccines hurting kids, and doctors will not and are not required to inform parents of all possible adverse reactions to vaccines. My husband and I went on to be blessed with seven more beautiful children. Based on previous severe reactions to vaccines, we made the decision to decline vaccines for all future children. Our last seven children have been so healthy. They rarely go to the doctor! The difference in the health of our first four vaccinated children and our last seven unvaccinated children is astounding. We did not make this decision lightly. However, we would have been horrible, awful parents to risk brain swelling and damage in any future children. Every pediatrician, immunologist, and neurologist we have seen absolutely agrees we should not vaccinate our children. They refuse to write medical exemptions for vaccines EVEN FOR our two children who developed encephalitis from previous vaccines. We had no choice but to claim a religious exemption for our kids. It is not a lie to say, after researching the use of aborted cell lines and the use of neurotoxic mercury or aluminum in vaccines, it is absolutely against our personal Biblical religious beliefs to use vaccines. However, it is criminal that physicians refuse to write medical exemptions for our vaccine-injured kids. They refuse out of fear of losing their medical licenses. Our kids are a combination of homeschooled and some attend Catholic high school. We have not had an issue with these schools accepting their religious exemptions, but many private schools refuse to allow them. We began having trouble getting the appropriate exemption form from our health department, so I now print it off at home. Health departments should make religious exemption cards easily available with no strings attached. Health departments should not make parents be educated about vaccines or forced to fill out information to be tracked in order to get a simple form to claim a religious exemption. Many people hate families like mine because of some strange fear that my healthy children will harm them. If the their vaccines work, how could my healthy children hurt them? Why are my children expected to be sacrificed and damaged to hypothetically help other people stay healthy? Families like mine are good families who have fought battles and medical gaslighting most will never understand. We deserve for this bill to pass so we are never faced with neglect charges simply because we chose not to vaccinate due to medical and religious reasons. Thank you for listening to my family's story. Please remember I am not only a very experienced mother of a large family, but I am also an RN who used that medical expertise to fight constant medical gaslighting in order to find healing for my children. God bless!



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>JAMES</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>jimmollie@hotmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/8/2022 11:56 PM</b>
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MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>JAMES C. MEYER (JIM MEYER)</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>jmeyer@meyerworks.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/7/2022 6:17 PM</b>
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**This bill is badly needed. We have seen how inept bureaucratic experts are during the current pandemic. Their decisions are just as subject to bias and self-interest as anyone else's. Making a vaccine mandatory is a huge infringement upon liberty and this should not be done on narrow, technical grounds particularly with experimental medical treatments. The issue is too important to leave solely in the hands of bureaucrats. Particularly when the state of knowledge of the relevant science is rapidly changing and some relevant scientific facts are being censored for political reasons.**





MISSOURI HOUSE OF REPRESENTATIVES  
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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>JAMES L. PELIS</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL:	ATTENDANCE:	SUBMIT DATE: <b>2/9/2022 12:00 AM</b>
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MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>JAMES PAGANO</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>jpagano823@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/8/2022 8:31 AM</b>
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MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>JAMES RHODES</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>drjrhodes44@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 3:01 PM</b>
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MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>JAMES S PELIS</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL:	ATTENDANCE:	SUBMIT DATE: <b>2/9/2022 12:00 AM</b>
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<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>JAMES S. PELIS</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:                  ZIP:
EMAIL:	ATTENDANCE:	SUBMIT DATE: <b>2/9/2022 12:00 AM</b>
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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
<b>WITNESS NAME</b>			
<b>INDIVIDUAL:</b>			
WITNESS NAME: <b>JAMES SCHRADER</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: <b>schraderjl@hotmail.com</b>		ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/8/2022 6:40 PM</b>
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MISSOURI HOUSE OF REPRESENTATIVES  
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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>JAMIE MENDOZA</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>injamie1006@yahoo.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 9:53 AM</b>
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MISSOURI HOUSE OF REPRESENTATIVES  
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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>JANA J. JOHNSON</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:                  ZIP:
EMAIL: <b>janajjohnson59@icloud.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 1:45 PM</b>
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**Please support this bill. Parents are the one's who should be making any decisions about their children not government.**





MISSOURI HOUSE OF REPRESENTATIVES  
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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>JANE DUVALL</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>jduvall0106@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 4:07 PM</b>
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**I support bill HB 2009. Giving Parents their God given rights to care and make decisions for their Children. To stop the overreach of Government (DHSS). Mandates are not a part of our Constitution put a "Power" play!**



MISSOURI HOUSE OF REPRESENTATIVES  
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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>JANET DEIDRICK</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:                  ZIP:
EMAIL: <b>janetta_d@icloud.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 10:19 AM</b>
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**Free people have a right and a moral obligation to choose their own healthcare interventions!!!**



MISSOURI HOUSE OF REPRESENTATIVES  
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COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>JANET E. PECK</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:                  ZIP:
EMAIL: <b>eagles144@hotmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/8/2022 10:35 AM</b>
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**As a taxpayer in MO, I urge you to vote FOR this bill. Our children MUST be protected from further harm! We citizens will check to see which way each of you voted & WE will vote accordingly. Thank you.**



MISSOURI HOUSE OF REPRESENTATIVES  
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COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>JANET GRAHAM</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>janetgraham63@yahoo.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/8/2022 8:07 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**Please do not force children to be injected with an experimental drug that has far more serious side effects than the actual virus in a child. Protect our children and the parents right to raise them as healthy children!**



MISSOURI HOUSE OF REPRESENTATIVES  
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COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>JANET HENNESSEY</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>yodabird1@hotmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 9:23 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

Parents are the decision makers for their children. Not the government and not the schools. You are most likely a parent yourself and can certainly understand this. I also personally know a number of children who have been irreparably harmed by the experimental covid 19 vaccine.



MISSOURI HOUSE OF REPRESENTATIVES  
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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>JANET L HARRISON</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>janetgaga56@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 12:45 PM</b>
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I chose not to be vaccinated. I took supplements: zinc, vitamin C, D3, multiple vitamins and baby aspirin. I worked for an Optometrist who required us to wear a mask and we limited patients in the waiting room. We always frequently wash our hands. As soon as Biden mandated the vaccine, so she gave us 2 weeks to be vaccinated or be terminated despite Governor Parsons anti mandate. I was fired after 31.5 years of dedicated service. Her loss, not only of my dedication but many many patients have left her back well. Some vaccinated, some not, people want and are constitutionally guaranteed their right to choose!



MISSOURI HOUSE OF REPRESENTATIVES  
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<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>JANET WILKINSON</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>janetkay117@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 7:55 AM</b>
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**I support this bill.**



MISSOURI HOUSE OF REPRESENTATIVES  
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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>JANFARRAR</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>janfarrar@reagan.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/8/2022 8:48 PM</b>
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MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>JANICE KELLY</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>janice.kelly@hotmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 6:08 PM</b>
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MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>JANIE OSBORN</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>chickaboom48@hotmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 9:15 PM</b>
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MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
<b>WITNESS NAME</b>			
<b>INDIVIDUAL:</b>			
WITNESS NAME: <b>JARED</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: <b>jtwrestler04v@hotmail.com</b>		ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/7/2022 7:00 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>			

Experts are saying that the Covid-19 shots are not working on the Omicron variant, but the federal government is still bribing Missouri schools to push the shots on kids 5 to 11 years old. \$1,900,000,000 (\$1.9 Billion) worth of bribes! To see how much the feds are bribing your local schools, download this document, assembled from pages on the Missouri Department of Secondary Education's (DESE) website: <http://mofirst.org/.../docs/Federal-Vaccine-Incentives.pdf> Just to give you an idea: Columbia: \$23,556,677; Fulton: \$3,738,871; Sullivan: \$3,447,882; Strafford RVI: \$2,068,529; Lee's Summit R-VII: \$10,065,188 Included in that PDF is a joint letter from the federal Department of Health and Human Services and federal Department of Education. It says they want your school to set up a vaccine clinic and bribe the children with things like "a new tablet," "reasonable cash awards," "college scholarship money," and "new school supplies." This is an unprecedented effort to push a vaccine, and it's only a matter of time before the Covid vaccine will be added to the list of mandated vaccines for school attendance. Right now, the Missouri Department of Health and Senior Services can unilaterally add vaccines to the mandated list by merely promulgating a rule. If they claim it's an emergency rule, they can do it in just days. HB 2009 would change that by creating legislative oversight of all childhood vaccine requirements. Unaccountable DHSS bureaucrats will no longer be able to make an end run around the legislature. That means with HB 2009 average citizens will have an opportunity to influence the process.



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>JASON P BROWN</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>jasonpbrown@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 9:09 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**I strongly support HB 2009 and any bill that adds accountability to governmental efforts and initiatives to insure the will of the people remains the single greatest influence on public policy decisions.**



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>JEANNE CHAMPER</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>jeanne63117@me.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 9:29 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>JEFF BRZEZINSKI</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>jeff.brzezinski@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/8/2022 11:23 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**I am in support of this bill.**



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>	
COMMITTEE: <b>Downsizing State Government</b>			
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
<b>WITNESS NAME</b>			
<b>INDIVIDUAL:</b>			
WITNESS NAME: <b>JEFF HANCOCK</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE:		SUBMIT DATE: <b>2/9/2022 12:00 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>			



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>JEFF KING</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>birdwalksfar@yahoo.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/7/2022 7:31 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**Please give Missouri citizens the right to choose what is best for our children, families and future**





MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>JEFFREY HANGGE</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>jeffhangge@yahoo.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 9:05 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>JEN DERKITS</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:                  ZIP:
EMAIL: <b>jeh1029@hotmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 11:47 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**I fully support this bill.**



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>JEN PAGANO</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>koolkora@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/7/2022 9:39 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

I'm in support of this effort. Parents have the right to make their own decisions for the welfare of their children, without discrimination.



MISSOURI HOUSE OF REPRESENTATIVES  
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COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>JENNA COURTER</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>jwhite9624@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 9:53 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

Hello, I'm from Cass county and a homeschooling parent to my two children. I would very much love to express my support for this bill. This bill would give the people a chance to be a part of the process of adding "vaccines" (what's the definition of that these days?) to the childhood schedule. I can't think of any reason to no support this bill and I hope you feel the same. Thanks for you time.



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>JENNA YUNGCK RYRIE</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:                  ZIP:
EMAIL: <b>jyungck@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 12:25 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>JENNEL HOUTS</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>wjhouts@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/8/2022 10:28 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**This bill is perfect! It protects the rights of families to determine what health care choices are right for them, and it prevents people from reporting/charging them with a crime for doing what they believe is best for their kids! This type of legislation is LONG overdue and welcomed!**



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>JENNIFER ARNOLD</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:                  ZIP:
EMAIL: <b>jennifer.leah.arnold@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 10:49 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**I support this bill. Thank you!**



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>JENNIFER BARKER</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:                  ZIP:
EMAIL:	ATTENDANCE:	SUBMIT DATE: <b>2/9/2022 12:00 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		





MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>JENNIFER BOUCKAERT</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>jbouck@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 3:42 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**I am in support of this bill!!!!!!**



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>JENNIFER BROWN</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>jenbrown0602@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 12:14 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

I hereby support the HB 2009 School vaccine bill. I believe that parents should have the right to choose, there should be no child abuse charges for choosing not to fax. Additionally off campus college students should get a choice, private and parochial schools get to choose the racks requirements, no additional School vacs requirements without legislative approval. And lastly to align Missouri statute with the Missouri Constitution by protecting our right to live according to our conscience.



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>JENNIFER COATES</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:                  ZIP:
EMAIL: <b>jennifercoates68@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/8/2022 9:36 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**I support the rights of parents to decide on health or medical interventions, including vaccines, for their children. This is not the job of govt or health departments.**



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>JENNIFER GORE</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:                  ZIP:
EMAIL: <b>jsg1263@yahoo.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/8/2022 10:39 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**I support HB2009**



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>JENNIFER GRECO</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>stlcota@hotmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 11:39 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**I strongly support this bill.**



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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COMMITTEE: <b>Downsizing State Government</b>			
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
<b>WITNESS NAME</b>			
<b>INDIVIDUAL:</b>			
WITNESS NAME: <b>JENNIFER HANNAFORD</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE:		SUBMIT DATE: <b>2/9/2022 12:00 AM</b>
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MISSOURI HOUSE OF REPRESENTATIVES  
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COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>JENNIFER KETCHUM</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>jennifer_ketchum@charter.net</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 1:01 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

I do not want any school telling me how to parent my child or decide what shots they should have.  
That is between me and our pediatrician and no one else's business.



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>JENNIFER LOWDER</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:                  ZIP:
EMAIL: <b>cutie1565@yahoo.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 12:03 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		





MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>JENNIFER REYNOLDS</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>jenniferjreynolds@protonmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 9:33 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**I fully support all language in HB 2009. Missourians must stand for medical freedom.**



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>JENNIFER STEELMAN</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>jenny.steelman@hotmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/8/2022 4:04 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

I fully support this bill and believe that EVERY American should have the freedom to choose their own medical procedures.



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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COMMITTEE: <b>Downsizing State Government</b>			
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
<b>WITNESS NAME</b>			
<b>INDIVIDUAL:</b>			
WITNESS NAME: <b>JENNIFER WHEELER LOFTON</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: <b>jrwheeler13@gmail.com</b>		ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 12:44 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>			



MISSOURI HOUSE OF REPRESENTATIVES  
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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>JENNIFER WOODMAN</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>woodmanjenny@hotmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/7/2022 8:51 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**My name is Jennifer Woodman. I whole heartedly support HB 2009. It is time to put children first. Vaccination, like all medical decisions, should be a choice made after informed consent between a parent and their doctor. The government plays no role in that decision. Families should not feel coerced or punished for their choices.**



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>JENNIFER ZOELLNER</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>jenniferz2007@yahoo.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 12:57 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>JENNY CARTER</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>jsherman101@hotmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 2:53 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**Parents know what is best for their child!**



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>JEREMY LAYTON</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>laytonfarms@hotmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 11:31 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**My body is my choice. What I put into it or not is my God given right as an individual entity.**



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>JEROME STEPHEN JACOBMEYER</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>jerryjacobsmeier@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/7/2022 8:51 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**This legislation is needed. Parental rights must be restored. We have had two years of over reach by Missouri DHSS. Their mandates did not do any good. You can not control a pandemic with Government mandates, but you CAN do a great deal of harm. This bill helps to prevent the over reach abuse by DHSS that we experienced in the recent pandemic of 2019.**





MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>JERRY ARLON MERCIER</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>jjinmo3@hotmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/8/2022 4:53 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

I am in support this Bill (HB 2009)



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>JERRY ELLIS</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>ellisjerryd@hotmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 2:32 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

The "vaccine" being pushed by the government is still not FDA approved. People that have been vaccinated can still transmit covid, so why should we allow our children to be exposed to such experimental drugs???



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>JERRY PERRY</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:                  ZIP:
EMAIL: <b>jerryrp@centurytel.net</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/7/2022 10:05 PM</b>

**THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.**

**Our children must be protected from the overreach of the DHSS. We must have legislative oversight of the requirement of vaccines.**



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>JERRY TILLINGHAST</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:                  ZIP:
EMAIL: <b>jerry12639t@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 11:23 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**Children aren't guinea pigs for experimental drugs. The choice for vaccinations is a choice to be made by their parents, not government.**



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>JESSICA BREWER</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>jessicabrewer2014@gmail.com</b>	ATTENDANCE: <b>In-Person</b>	SUBMIT DATE: <b>2/8/2022 4:56 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>JESSICA GRIMM</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:                  ZIP:
EMAIL: <b>jessica8184@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/8/2022 2:48 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>JESSICA MCLAUHLIN</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>jrobfamily@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/8/2022 6:17 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>JESSICA MENKE</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>menkejessica80@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/8/2022 8:36 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

I went to the Jefferson County Health Department in Hillsboro prior to the start of the 2021/22 school year in August. I asked if I could get a religious exempt form for my children. I had done this previously in the past with no issues at all. They told me they could not give me one because there was not a doctor on hand to sign it. I asked when there would be a doctor on hand and they told me they did not know. The experience was completely different from my experience in the past. It was uncomfortable and I felt judged.





MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>JESSICA PIERCE</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>jessicasuann@yahoo.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 4:18 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**No forced vaccination in Missouri. Period!**



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>JILL MOORE</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>jillnelvis@aol.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 11:58 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**I support parent choice**



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>JILL SCHWEISS</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>jill-schweiss@hotmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 12:22 PM</b>

**THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.**

Every individual and family should have the God given right to choose for themselves what is right.



MISSOURI HOUSE OF REPRESENTATIVES  
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COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>JIM CONRADY</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>misterbigdog@hotmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 9:41 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**I support this bill**



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>JIM THWING</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>jimger5@sbcglobal.net</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 10:05 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**I support this bill!**



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>JIMI TEAGUE</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>jimi4bills@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 11:33 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**This bill supports what I believe is right and just.**



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>JO WHITBY</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>jo_whitby@hotmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 9:01 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>JOAN HOFFMANN</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>joanlmhoffmann@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 11:39 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

Parents must retain their God-given, constitutional right to make medical decisions for their children. Allowing schools to require vaccines will result in thousands of Missouri families homeschooling. Public schools will lose a great deal of funding. Teachers and administrators will lose jobs. This bill may very well save the public school system. I urge each of you to vote YES!





MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>JODI WIDHALM</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>jodiwidhalm@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 9:36 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

Please honor the MO Constitution in honoring our God given right to live according to our own conscience. Our statutes need to be aligned with our constitution. You have a sworn duty to uphold the Constitution. This never should have been removed from statute in the first place. Please due your duty to Missourians and correct the wrong.



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>JODY PORTER</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>jodybeckmann@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 8:48 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

The health department should not be able to legislate through policy. The hoops I've had to go through to obtain legal exemptions for my kids for school are unacceptable. From being forced to be talked down to with a condescending nurse (I'm a scientist and know the science and laws better than most- I can't imagine how intimidating this could be for many other Moms), to being forced to sign statements on cards with skewed and incomplete information of risk/ benefit analysis of vaccines, told i had to wait for certain hours to be handed an exemption card for school when the person telling me that had them sitting on the counter, to being told I needed to fill out forms with all kinds of personal information, to being told the Heath Department was "out of" exemption cards - it's absurd. It's such an intimidating process that I've had several Moms reach out to me to ask me to go with them to get a card! I pay taxes just like everyone else to go to school and to be told I need to jump through hoops like this is ridiculous. I fully support this bill. Parents should be making health decisions for their children - not the government and unelected beaurocrats.



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>JOHANNA BEAUDEAN</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:                  ZIP:
EMAIL: <b>johannabeaudean@yahoo.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/7/2022 7:26 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

I've had enough of the Missouri Department of Health and Senior Services unilaterally making decisions for individuals in Mo. Right now they can add vaccines to the mandated list by merely promulgating a rule. If they claim it's an emergency rule, they can do it in just days. We need oversight of all childhood vaccine requirements. Unaccountable DHSS bureaucrats should not be able to make an end run around the legislature. Citizens should have an opportunity to influence the process and not be forced into a corner in making health decisions for their children.



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>JOHN A. BEHR</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>behrhunter59@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/8/2022 8:43 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**Please pass this bill, to protect our children, and to give parents their right to have a say over DHHS through our elected legislators.**



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>JOHN BARTIN</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>jrbarin@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/8/2022 6:01 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**I support no mandates**



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>JOHN BUTLER</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>johnb@intrafloproducts.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/7/2022 7:25 PM</b>

**THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.**

**Experimental vaccines should NEVER be mandated again. All vaccines need to have legislative oversight!**



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>JOHN E HALEY</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>jhaley111@yahoo.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/8/2022 5:48 AM</b>

**THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.**  
**No mandates for vaccines of any kind. This is my constitutional freedom not governments.**



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>JOHN GIANCOLA</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:                  ZIP:
EMAIL: <b>outwiz@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 8:41 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

I write to support HB 2009. It is time that the legislature put some real restrictions on the Schools, Daycares, medical facilities including doctors and hospitals, and other Public Institutions like local Health Departments. I am sure you will have all sorts of facts and reasoning, ad nauseum from all points of view. I am speaking for our collective rights and that these institutions, no matter their intentions, should not be able to infringe on anyone exercising their God-given rights over their own medical decisions. So this Bill is a step in the right direction and I would like to see the legislature be more aggressive in curbing the authorities of these public and private institutions when they infringe on a persons right to choose their own healthcare options and not be mandated by threats of exclusion, shaming, and unemployment. Enough is enough, please pass this bill and curb the overreach of authorities by public and private institutions. .





MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>JOHN GRAGNANI, M.D., MPH</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>jgrag@sbcglobal.net</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/8/2022 5:50 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

It is essential that all vaccine usage be determined by parents and their physicians when deciding such usage for children, This cannot be emphasized enough particularly in view of this new vaccine type which s an RNA type whose long term affects on the human body have NOT yet fully been determined. If the science is not enough there is also the issue of personal freedom which has always been the hallmark of American Liberty. The government should NOT intrude into the right of people to decide their own health care.



MISSOURI HOUSE OF REPRESENTATIVES  
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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>JOHN M JOHNSON</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>jsquaredjcubed@charter.net</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 12:22 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

I wish to express my support of HB2009- Susie Pollock-Immunizations. It is time to end this erosion of parental rights and governments overreach into the lives of children that are NOT their own. My grandchildren are entering school systems in our state with disturbing social curriculums and disastrous & unhealthy forced "mandates". Missouri is better than this: please support this bill.



MISSOURI HOUSE OF REPRESENTATIVES  
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COMMITTEE: <b>Downsizing State Government</b>			
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
<b>WITNESS NAME</b>			
<b>INDIVIDUAL:</b>			
WITNESS NAME: <b>JOHN PIPPO</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE:		SUBMIT DATE: <b>2/9/2022 12:00 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>			



MISSOURI HOUSE OF REPRESENTATIVES  
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COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>JOHN RYRIE</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>jeryrie1629@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 12:27 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>JOHN STOLTE</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>jstol3@netzero.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/7/2022 8:14 PM</b>

**THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.**

**My body, my choice should apply to parents when we refer to parent's choices for their children. In a word - FREEDOM!**



MISSOURI HOUSE OF REPRESENTATIVES  
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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>JOHN ZENSEN</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:                  ZIP:
EMAIL: <b>jzensen@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 12:22 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		



MISSOURI HOUSE OF REPRESENTATIVES  
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COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>JOLIE DUFFY</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>jolieduffy@yahoo.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 1:39 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>JORDAN STEINBOCK</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>jtcjtc@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/8/2022 9:19 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		





MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>JOSEPH K. MICHAEL</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:                  ZIP:
EMAIL: <b>joe_michael_3443@yahoo.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 2:07 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>JOSEPH LEE BERUBE</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>jberube@4mmc.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/8/2022 7:50 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**I think everybody should have a freedom of choice, even children. The Government overreach today is totally out of control. I in support of HB 2009.**



MISSOURI HOUSE OF REPRESENTATIVES  
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COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>JOSEPHINE BYRNE</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>ptbaanaa@gmx.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/7/2022 7:35 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**I support HB 2009 fully. The government has NO authority to force citizens to take immunizations.**



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>JOVON HACKWORTH</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>jovon03@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 10:46 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>JOY AUER</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>jcmbauer@yahoo.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/7/2022 9:10 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>JOY BRYANT</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>doybird623@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 7:03 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

I am in support of this bill. More power should be given back to the parent/patient and doctor to decide what's best for the individual. The government oversight in this area is a gross generalization of healthcare.



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>JOY EAKINS</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>joy.eakins14@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 11:07 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>JOY LABRIE</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>joylabrie@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 10:44 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		





MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>JOYCE</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:                  ZIP:
EMAIL: <b>joycemcintosh2000@yahoo.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 11:49 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**Please vote YES on this bill. Don't allow more decisions to be made by unelected bureaucrats. It just plain UnAmerican. Thank you. God bless the United States of America! This bill helps to maintain the freedoms of the First Amendment!**



MISSOURI HOUSE OF REPRESENTATIVES  
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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>JOYCE BOREN</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>chugsmom@hotmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 5:06 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>JOYCE JEGEN</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>jljegen@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/8/2022 1:01 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

I am not an antivaxer, my children had all the normal childhood vaccines. I was so convinced that vaccines worked that when the vaccine for HPV came on the market 10+ years ago I made my daughter's get the vaccine believing I was doing the right thing protecting them. Shortly after getting that vaccine my middle daughter started having weird things happen - when she was cold her fingers would turn purple and hurt. She'd have horrible headaches. It took us years to finally get a diagnosis of Raynaud's Syndrome, an autoimmune disorder in the same category of Lupus. She's 30 now, she lives with this every day. While the time between when she got the vaccine and when this was finally diagnosed are too far apart to say without a doubt the vaccine caused this, the fact that it became an issue within the first few months after being vaccinated for HPV are very coincidental. If there is a connection then I did this to my child by making her get vaccine with little research or information on adverse side effects although there is more information now. No parent should ever be forced to vaccinate their child or live with the guilt I have lived with for more than 10 years. Parents need hard data and facts to make an informed decision about their children's vaccines. It should never be up to anyone but the parents to make that decision.



MISSOURI HOUSE OF REPRESENTATIVES  
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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
<b>WITNESS NAME</b>			
<b>INDIVIDUAL:</b>			
WITNESS NAME: <b>JUDITH A PAYNE</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE:	SUBMIT DATE: <b>2/9/2022 12:00 AM</b>	
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MISSOURI HOUSE OF REPRESENTATIVES  
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BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>JUDITH K. KELCH</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>judykkelch@hotmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/7/2022 8:06 PM</b>

**THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.**

**We need to protect children by creating registration oversight of all childhood vaccination requirements.**



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>JUDITH MCRAY</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>judithmcray@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/8/2022 11:17 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>JUDY C WHITE</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>rjcwite@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/7/2022 10:01 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**Big pharma needs to be kept under control not all vaccines are right for our children. The latest one has had way too many VAERS reports like myocarditis. At least a few of the ones that is on the mandatory list should not be there and should just be at the discretion of their parents**



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>JUDY SOFKA</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>jsofka@yahoo.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 3:39 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**Why is it necessary to subject children to the experimental shot when statistics of harm/deaths from COVID do not support it? (Stats: Out of 13,573, Only 498 Children Died from COVID - 13,075 Died from 7 Other Causes) Plus there is data from all around the world showing vascular damage (strokes, heart attacks, etc) that have occurred in all age groups including the young. TO VAX CHILDREN IS MORE DANGEROUS THAN THE RISKS OF THE DISEASE AND PARENTS SHOULD ALWAYS BE THE ONES RESPONSIBLE FOR WHETHER THEIR CHILD GETS VACCINATED FOR ANY REASON...NOT THE GOVERNMENT!**





MISSOURI HOUSE OF REPRESENTATIVES  
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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
<b>WITNESS NAME</b>			
<b>BUSINESS/ORGANIZATION:</b>			
WITNESS NAME: <b>JUDY SOFKA</b>		PHONE NUMBER: <b>636-379-0128</b>	
BUSINESS/ORGANIZATION NAME: <b>MISSOURI PRECINCT PROJECT/MOPP</b>		TITLE: <b>STATE DIRECTOR</b>	
ADDRESS: <b>15 ELIZABETH ERIN COURT</b>			
CITY: <b>O'FALLON</b>		STATE: <b>MO</b>	ZIP: <b>63368</b>
EMAIL:	ATTENDANCE:	SUBMIT DATE: <b>2/9/2022 12:00 AM</b>	
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>			



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>JUDY WOLFE</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL:	ATTENDANCE:	SUBMIT DATE: <b>2/9/2022 12:00 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		



MISSOURI HOUSE OF REPRESENTATIVES  
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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>JULES GUIDRY</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>jguid941@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/7/2022 8:02 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

No one should be forced to submit to force from any governmental body for any medical procedure including vaccinations. Ever. In this current situation, the "vaccines" are not proven to be effective, thus serves no purpose other than to give power to the government over their employers, "We the People". And, in some cases, seem to be fatal. The politics involved are so apparent that a person has to be totally blind to not see the connection.



MISSOURI HOUSE OF REPRESENTATIVES  
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<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>JULIA JANSMA</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>julia.jansma@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 11:42 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

I support HB2009 because I believe a parent knows best for their child. I believe my child would have ended up on the Autism spectrum should I have continued to vaccinate him according to the recommended CDC schedule. I watched him regress after his vaccines at age 3yrs old after he had a terrible reaction to his DTaP vaccine. I knew enough about autism to see the signs and symptoms, so I stopped vaccinating him and never went back. I have done extensive research and believe my unvaccinated children are the healthiest among their peers. No strep, no Ear infections, no gut issues, no learning disabilities, no allergies, I could go on and on. I want them to the right to attend a public school with exemption for the rest of their education all the way through college. It is a travesty that one would ever have to take any vaccine which is known to cause injury or death from a manufacturer with ZERO LIABILITY to obtain a free public education. I ask for you to VOTE Yes for HB 2009 to protect our children and their parents right to choose. Thank you for your time and service.



MISSOURI HOUSE OF REPRESENTATIVES  
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<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>JULIA LESINSKI</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>jski5@yahoo.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/8/2022 9:59 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>JULIE ARTH</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>jlnnttrth@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 9:40 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

Covid has made evident the level of corruption and tyranny in our government bureaucracies, such as the Dept of Education and the Dept of Health. I do NOT want Missouri schools to receive any incentive (coercion) money from the federal government for covid vaccines for school children. As a matter of fact, I want to defund the public school system. I longer trust the health departments. I want covid vaccine and mask mandate nonsense to STOP. Thank you.



MISSOURI HOUSE OF REPRESENTATIVES  
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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>JULIE BRASCHLER</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>rickandjuliebraschler@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 3:21 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**I believe In the right for American families to be choose for themselves whether they should receive vaccinations.**



MISSOURI HOUSE OF REPRESENTATIVES  
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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>JULIE CRESPO</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>julie@soldbyjuliec.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/8/2022 10:22 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		





MISSOURI HOUSE OF REPRESENTATIVES  
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COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>JULIE HULSEBUS</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>juliehulsebus@yahoo.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 9:29 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		



MISSOURI HOUSE OF REPRESENTATIVES  
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COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>JULIE KOPECKY</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>juliekopecky1@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 3:55 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**I support this bill.**



MISSOURI HOUSE OF REPRESENTATIVES  
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COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>JULIE SCHAUMBERG</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>jcschaumberg@hotmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 7:03 AM</b>

**THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.**

**The vaccines do not work- funding should not be based on forced vaccination- and I'm worried for what this will do to our kids as more information about the vaccines come out! Stand up for our rights- preserve our freedoms!!**



MISSOURI HOUSE OF REPRESENTATIVES  
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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>JUSTIN ARMENT</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>Jrarmen@sbcbglobal.net</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/8/2022 6:31 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**Please pass HB2009. If the past 2 years has shown us anything it is that unelected beaurocrats cannot be trusted with health and medical decisions for our children. Any decisions regarding the well-being of our children belongs with parents.**



MISSOURI HOUSE OF REPRESENTATIVES  
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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>KAITLYN LINDBLOOM</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>kaitlindbloom@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 11:23 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**I support this bill**



MISSOURI HOUSE OF REPRESENTATIVES  
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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>KALISSA WILSON</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>kalissawilson3@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 10:13 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		



MISSOURI HOUSE OF REPRESENTATIVES  
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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>KARAN SIMONE</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>jonahran@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/8/2022 1:24 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>KAREN ASCHINGER</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>aschingerwk@sbcglobal.net</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 9:33 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		





MISSOURI HOUSE OF REPRESENTATIVES  
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<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>KAREN BANTA</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>karenevansbanta@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 10:39 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

No government agency should be able to dictate healthcare to us or our families. Vaccines are not what they were 30 years ago. Many of the ingredients have changed. mNRA is not a vaccine and should not be treated as such. Families should not be discriminated against or refused education or health services because they have a conscience or religious objection to any vaccine. How much do the lobbyists get paid to represent their group to this committee? Mr. Chairman, thank you for the honoring way you conducted the meeting this afternoon. I appreciated the fact that most of the Representatives had done their own research and asked good, informed questions. However, I was disappointed in the way some others chose to react and walk out of the room. I do understand it was a long day for all of us.



MISSOURI HOUSE OF REPRESENTATIVES  
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<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>KAREN BROMEIER</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>kmbromeier@yahoo.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/8/2022 7:28 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

I am in support of protecting parental rights to make medical decisions, requiring those who are more accountable to the voters (legislature) to vote for expansion of immunizations rather than those who are not, and allowing private institutions to handle their own policies.



MISSOURI HOUSE OF REPRESENTATIVES  
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<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>KAREN COMPTON</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>grizzemail@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/8/2022 6:45 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**Please allow we the people to make our own decisions about our own bodies. And allow parents rather than government to decide what is best for their own children.**



MISSOURI HOUSE OF REPRESENTATIVES  
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<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>KAREN DUREE</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>kduree@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 11:55 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>KAREN KIM LEYDENS</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:                  ZIP:
EMAIL: <b>karen.leydens@earthlink.net</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/8/2022 10:24 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>	
COMMITTEE: <b>Downsizing State Government</b>			
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
<b>WITNESS NAME</b>			
<b>INDIVIDUAL:</b>			
WITNESS NAME: <b>KAREN L SMARR</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE:		SUBMIT DATE: <b>2/9/2022 12:00 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>			



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>KAREN MELENDY</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>karenmelendy@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/8/2022 3:55 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>KAREN SMARR</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>smarrk@me.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 11:26 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**Support fully**





MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>KARLA ANDERSON</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>kkanderson821@aol.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 8:51 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

Parents should have the choice of what is best for their child-including vaccinations. The safety data for these mRNA immune system modifiers is questionable and possibly dangerous. The school system has no business in determining a medical mandate.



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>KAROL L. STANLEY</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>2bizzi@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/8/2022 12:32 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>KAROLYN LAHM</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>kjilll@yahoo.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/8/2022 8:14 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>KATE HANGGE</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>kpmstl23@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 9:51 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**I fully support this bill.**



MISSOURI HOUSE OF REPRESENTATIVES  
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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>KATHERINE DEETS</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>kdeets4@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 1:37 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**My statement includes the following. We as parents need to be able to choose what is right for our family regarding all personal and medical decisions. Public schools can not allow the Covid 19 vaccination to be a requirement to attend school. Additionally, discrimination pertaining to this choice cannot be tolerated. All children have a right to a public education, and cannot be denied this service due to a very personal choice made by parents, and parents only. Thank you.**



MISSOURI HOUSE OF REPRESENTATIVES  
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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>KATHERINE POWERS</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>powerskatherine@hotmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 9:38 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>KATHERINE SMITH</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>k.hunter012@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 4:26 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**I support this. It supports parents and aligns with the Mo Constitution.**



MISSOURI HOUSE OF REPRESENTATIVES  
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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
<b>WITNESS NAME</b>			
<b>INDIVIDUAL:</b>			
WITNESS NAME: <b>KATHERYN A. THURSTON</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE:		SUBMIT DATE: <b>2/9/2022 12:00 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>			





MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>KATHIE PETERIE</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>kpeterie@me.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 11:25 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**Parents should be in control of their children!**



MISSOURI HOUSE OF REPRESENTATIVES  
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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>KATHLEEN BURNETTE</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>kburnette48@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 5:22 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>KATHLEEN E RECORD</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:                  ZIP:
EMAIL: <b>crecord2001@sbcglobal.net</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/8/2022 12:27 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

I am in support of the HB 2009 -Pollock Immunization Bill which gives parents a say in the immunizations for their children along with oversight by the state legislature. DHSS should not have total say on required immunizations. Many are harmful like the Covid vaccines causing around 45,000 deaths and many serious side effects. Parents should have the say of what vaccinations they want for their children. Many of these vaccines have been tainted with aborted fetus tissue and strong evidence to causing Autism.



MISSOURI HOUSE OF REPRESENTATIVES  
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<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>KATHLEEN MARIE ALLISON</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>kathyallison75@yahoo.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/8/2022 8:02 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

I am in support of this bill.



MISSOURI HOUSE OF REPRESENTATIVES  
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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>KATHLEEN WILLIAMS</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:                  ZIP:
EMAIL: <b>katcando.2012@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 11:55 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>KATHRYN BERG</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:                  ZIP:
EMAIL: <b>kathrynberg62@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/8/2022 5:02 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>KATHRYN KIRK</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>gsuslord25@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/8/2022 4:45 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**No mandates of vaccines!**



MISSOURI HOUSE OF REPRESENTATIVES  
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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>KATHRYN R HOUSE</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>chalivah@hotmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/8/2022 9:39 PM</b>

**THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.**  
Parents should have primary rights to oversight of their childrens health.





MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>KATHRYN S SCHOECK</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>schoeckk@yahoo.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 9:21 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**Parents should have the right to decide if their children should receive any vaccinations not the schools!**



MISSOURI HOUSE OF REPRESENTATIVES  
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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>KATHY BAXTER</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>rabkb@sbcglobal.net</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 3:13 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**Totally support this. Should've been done a long time ago.**



MISSOURI HOUSE OF REPRESENTATIVES  
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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>KATHY CASEY</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:                  ZIP:
EMAIL: <b>kathyslittlefarm@yahoo.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/8/2022 6:37 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

I am encouraging support of this bill to protect against mandatory immunizations. No one should be forced to submit to any medical procedure against their will.



MISSOURI HOUSE OF REPRESENTATIVES  
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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>KATHY DAVIS</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>kdaviswfl@yahoo.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 7:46 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>KATHY FORCK</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>kathythebo@hotmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/7/2022 11:23 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>KATHY HOOD</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL:	ATTENDANCE:	SUBMIT DATE: <b>2/9/2022 12:00 AM</b>
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MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>KATI SMITH</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>gkcsmith@yahoo.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 12:34 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>	
COMMITTEE: <b>Downsizing State Government</b>			
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
<b>WITNESS NAME</b>			
<b>INDIVIDUAL:</b>			
WITNESS NAME: <b>KATIE ANDERSON</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: <b>katieanderson81@hotmail.com</b>		ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/8/2022 5:29 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>			





MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>KATIE BELAKHOVA</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>katiebelakhova@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/8/2022 10:09 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**We need to stop any form of mandates for a vaccine against corona virus or any other new viruses. Sadly these vaccines will not stop the spread of virus it simply reduces symptoms. Kids are the least likely to have negative outcomes if infected with corona virus without the vaccine and they gain natural innate Immunity.**



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>KATIE BROADUS</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>ckbroadus4@hotmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 10:26 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

I believe that childhood vaccine requirements should be put back into the hands of legislative oversight. Unaccountable DHSS bureaucrats will no longer be able to make an end run around the legislature. The paying off of schools to push vaccines onto students with bribes is unprofessional, immoral, and is an abuse of power. DHSS bureaucrats have already shown that they are willing to abuse this power so it should be taken away from them. Our children and families deserve better. Why this was given to the DHSS in the first place is baffling since they were not elected to receive this power.



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>KATIE PFOTENHAUER</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>katedes@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 8:24 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**I support this bill.**



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>KAYLA SABALLA</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>Kmstreet15@yahoo.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/7/2022 6:03 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**I believe that any legislation enforcing or encouraging monetary or other incentives in exchange for any medical procedure including any and all immunizations is unconstitutional. All medical procedures should be a matter of personal choice.**



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>KELLI GARMS</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>garmsfam@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 11:05 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>KELLIE SPEARS</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>kelliespears@att.net</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 6:58 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>KELLY BOWEN</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>kellybowen4@yahoo.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 3:06 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>KELLY FLOYD</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:                  ZIP:
EMAIL: <b>kellysf28@yahoo.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/7/2022 6:16 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**I support HB 2009 the people of Missouri need this bill to pass.Thank youKelly Floyd**





MISSOURI HOUSE OF REPRESENTATIVES  
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COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>KENNETH WOOD</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>coedr12009@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/8/2022 7:59 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>KERMET MCLAUHLIN</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>jhawkc130@yahoo.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 7:18 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>KERRI HOWERTON</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>kerrihowie@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 1:54 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**I want to choice what is done to my child's body!**



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>KERRIE</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>kerrie@aol.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 8:28 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**I support a family's right to object to vaccinations for their children.**



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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COMMITTEE: <b>Downsizing State Government</b>			
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
<b>WITNESS NAME</b>			
<b>INDIVIDUAL:</b>			
WITNESS NAME: <b>KEVIN DERENDINGER</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: <b>kawderendinger@gmail.com</b>		ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/8/2022 8:16 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>			



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>KEVIN KLINKENBERG</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:                  ZIP:
EMAIL: <b>kevinklinkenberg@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 10:18 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**I support this bill. Please continue to allow religious and medical exemptions. These are critical for health freedom and basic human rights in our State.**



MISSOURI HOUSE OF REPRESENTATIVES  
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COMMITTEE: <b>Downsizing State Government</b>			
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
<b>WITNESS NAME</b>			
<b>INDIVIDUAL:</b>			
WITNESS NAME: <b>KIERSTEN FERGUSON</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: <b>akferguson@gmx.com</b>		ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 8:52 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>			



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>KIIMBERLY PETERSON</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:                  ZIP:
EMAIL: <b>vnpeterson@aol.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 9:44 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		





MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>KIM BAKER</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>kimscheffelbaker@outlook.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 9:30 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>KIM CHESTNUT</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>kimmychestnut@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 7:20 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**I am in support of this bill.**



MISSOURI HOUSE OF REPRESENTATIVES  
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COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>KIM EDWARDS</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>kimmieswards@protonmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 8:32 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**Citizens should have determination on medical requirements for school. Experimental EU treatments should never be forced on children in order to attend school. Citizens are forced to pay for public school. Citizens who fund public schools have a right to have a voice in school policy. Parents have all rights in medical treatment of their children. Period!**



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>KIM GARDNER</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>kim_3_kim@yahoo.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 8:42 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**I support this bill! I have six children and we are Catholic and we have many objections to this matter involving vaccinations.**



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>KIM KELLY</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>kellyedward@charter.net</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 4:26 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>KIM WILLIAMS</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>fosterkim@sbcglobal.net</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 6:49 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>KIMBERLY BANGE</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>kbange@hotmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 11:17 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**Covid 19 should not be a mandatory Immunization for a child**



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>KIMBERLY D. FRITSCHÉ</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>kdfritsche@protonmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 2:26 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

I support HB 2009. As a parent of adult children, this no longer affects me but I have witnessed how the current law has adversely affected my son's family from difficulty getting religious exemptions for vaccines to a grandchild being forced to stay home from school for 21 days due to exposure to one case of chickenpox in the classroom (which was from a vaccinated child).





MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>	
COMMITTEE: <b>Downsizing State Government</b>			
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
<b>WITNESS NAME</b>			
<b>INDIVIDUAL:</b>			
WITNESS NAME: <b>KIMBERLY ELIAS</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE:		SUBMIT DATE: <b>2/9/2022 12:00 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>			



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>KIMBERLY LARSON</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:                  ZIP:
EMAIL: <b>Kimmy.Larson7@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 8:27 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**I believe parent's should have the right to make the decision as to whether or not their kids receive immunizations. A parent should have the ultimate authority to immunize or not immunize their own children and children should be able to attend school regardless.**



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>KIMBERLY WARNER</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>kimmysatcaplinger@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 7:36 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**As a public school teacher, SPED educator, Court Appointed Special Advocate for Children in the Court System & A Foster parent, I am in support of this Bill.**



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>KRIKET RIDDLE</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:                  ZIP:
EMAIL: <b>bejade4me@yahoo.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/8/2022 5:16 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**Im complete support of this bill! It gives the rights back to us parents. No entity should be able to force a untested vaccine on children.**



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>KRIS</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>dmiliner@hotmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 11:35 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>KRISTEN NORTHCUTT</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>akhnorthcutt@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/8/2022 1:19 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

It is absolutely morally wrong to offer incentives of any sort to persuade anyone to be vaccinated for anything. Vaccinations of any kind should be a completely personal choice. It is NOT up to the government to decide or to try to persuade anyone by offering "rewards" for receiving vaccinations. This is why we have our nation, FREEDOM!!!! If someone chooses to be vaccinated, fine. The same respect should be given to those who choose not to be vaccinated.



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>KRISTI ROBINSON</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>whiteka92@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 9:04 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>KRISTIE BAILEY</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>klauterw@hotmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 11:01 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**I fully support this bill**





MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>KRISTIN MAYER</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>thespottedpigstl@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 7:55 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**I have been researching schools for my child that do not mandate all the cdc guidedlined vaccines and cannot find a school for my child that supports my decision as a parent to forgo certain vaccines**



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>KRISTINA GINN</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>helicopterdreams@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 9:54 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

People are not fully informed of the risks or even their rights. I have had countless conversations with people who have been injured by a vaccine or their child was and nearly all of them took it without fully understanding the risks and without knowledge of a right to an exemption. And most importantly, these injuries are not being reported! Our determination of what is safe or not is based on very incomplete data. On top of all that, the health departments in some counties are really bullying families, using fear tactics, and making them jump through ridiculous hoops to exercise their rights. They're making them go way beyond what is required in current statute and it needs to be addressed. I support this bill.



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>	
COMMITTEE: <b>Downsizing State Government</b>			
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
<b>WITNESS NAME</b>			
<b>INDIVIDUAL:</b>			
WITNESS NAME: <b>KRISTINE WARNER</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE:		SUBMIT DATE: <b>2/9/2022 12:00 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>			



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>KRISTY PRATER</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>ckprater@hotmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 11:37 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>	
COMMITTEE: <b>Downsizing State Government</b>			
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
<b>WITNESS NAME</b>			
<b>INDIVIDUAL:</b>			
WITNESS NAME: <b>KRYSTAL BROWN-SCHIRLLS</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE:		SUBMIT DATE: <b>2/9/2022 12:00 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>			



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>KRYSTAL S RAPPE</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:                  ZIP:
EMAIL: <b>krystalrappe@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/7/2022 10:40 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**I support HB 2009! I am a parent and as a parent I know what is best for my child(ren)! The govt should NEVER be allowed to have a sweeping medical mandate on children or adults! Medicine is not a one size fits all approach especially when it comes to vaccinations!**



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>KRYSTAL STONE</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>krystalstone@icloud.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 8:08 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

I support this bill. As a born and raised Californian who had to flee California because of the disastrous and dangerous Heath departments overreach, I want to see my children protected and no one will look out for my children's best interests and rights more so than I.



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>KRYSTIN MICHELLE BOTTOMS</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>krystin.bottoms@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 9:26 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

Parents should have the RIGHT to chose what is injected into their child without fear of being charged with child abuse. They should have the RIGHT to make these decisions based on their beliefs and according to their conscience. We have been headed down a dangerous road by allowing UNELECTED officials the authority to force vaccination with no consideration of individual beliefs and it is becoming clear that the safety data for some of these is questionable to say the least. Anytime there is ANY risk, there should ALWAYS be a choice without fear of not being able to provide our children with basic rights and needs such as education and general participation in society.





MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>KURT MCGEE</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>kurt.mcgee@yahoo.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 11:45 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**Vaccination should always be the parents decision, not a school system or any other institutions.**



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>KYLE MCCOLLOM</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>kylem@duck.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/8/2022 5:42 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>KYLE THEOBALD</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>sugarsforcells@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/8/2022 10:57 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

Certainly we the parents of Missouri overwhelmingly believe that it is our God-given duty to protect and provide for our children. Furthermore that it is our right to be represented in matters of law, not left to the mercy of the political whims unelected bureaucrats. The fact that there has to be a bill for this shows how far our government has slipped from the appropriate understanding of the founding of our nation. So get this legislation in place so that the parents and children of our state are protected from the wild imaginations and fears of our health officials.



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>KYLEE BOYD</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>kyleeboyd.kb@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 1:45 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**I believe we as parent's, should have full responsibility and rights to our minor children's health and well being. And NOT the government.**



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>LADAWN ENKE</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>ladawnenkern@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/8/2022 7:43 AM</b>

**THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.**

Parents should have the right to make all health care decisions for their minor children. Private school should not fall under emergency mandates.



MISSOURI HOUSE OF REPRESENTATIVES  
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BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>LAKIN BAYLESS</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>lakinbayless@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/8/2022 10:52 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

As a parent of 4 children, and longtime constituent of Missouri, I support this bill wholeheartedly. I ask that the Missouri House and Senate affirm and secure our duly attributed rights as parents to make important health decisions, such as immunizations (and masking), for our children, without interference from the State. Thank you.



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
<b>WITNESS NAME</b>			
<b>INDIVIDUAL:</b>			
WITNESS NAME: <b>LANA BOOK</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE:	SUBMIT DATE: <b>2/9/2022 12:00 AM</b>	
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>			



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>LARA ECKELKAMP</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>lara.eckelkamp@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/8/2022 11:33 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

The Health Departments have too much power. They're not elected officials and should not have so much power over citizens' lives. I support HB 2009 100%.





MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>LARA PAGE</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>icasmedic25@yahoo.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/7/2022 7:09 PM</b>

**THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.**

**I believe every parent should have control over their child's medical care. The government cannot place a "one size fits all" demand on the American people. The overreach of control in the past 2 years has been over the limit and is actually causing more harm than good. It is not the government's job to rule the people, it is their job to serve the people.**



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>LAURA A. JAMES</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:	STATE:	ZIP:
EMAIL: <b>freeindeed61@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/8/2022 10:44 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

I am writing as a mother and grandmother in support of HB 2009. God gives children to parents, not to the DHSS. Parents have not just a right but a responsibility to protect their children. Most parents protect their children not just because it is their responsibility but because they love them. DHSS does not love my children and grandchildren. DHSS does not even know them. DHSS has no right to mandate that any human being be injected with any substance, let alone an experimental agent and let alone innocent children. We all have a right to choose what goes into our bodies. I choose not to drink alcohol, smoke cigarettes, or take street drugs because those things are not good for my body. I also have taught my children of the dangers of those things. I also taught my children not to take candy from a stranger. That is because strangers offering candy to a child often do not have the child's best interest at heart. More likely, that stranger may intend to harm the child. Now the federal government is bribing school districts to bribe children with tablets, college tuition, school supplies, etc. in order to coerce them to take a shot they do not need and that can harm them. Please see the video testimony of Emma Burkey, a 19-year-old whose life and whose family's lives have been changed forever after her COVID-19 "vaccine" injury at [aflds.org](http://aflds.org). The DHSS should not have the authority to unilaterally mandate any human being be required to receive anything into his/her body, let alone our innocent children. In addition, our country was founded on certain rights, including freedom of religion. No one should be discriminated against in any fashion based on a deeply held religious belief. Please do the responsible thing and vote to pass HB 2009 to ensure the parents who love their children are the ones making decisions on their behalf, not a bureaucrat, and our Constitutional rights are protected. Thank you.



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>LAURA FELDMANN</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>alfeldmann@sbcglobal.net</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/8/2022 12:03 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>LAURA HAUSLADEN</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>laura223mo@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/7/2022 8:25 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**I support this important legislation.**



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>LAURA LENAU</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>laura.a.lenau@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 12:40 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**It is not the responsibility of a school district or government to make medical decisions for myself or my children. I do not give any entity authority over my body, or my children's bodies. Personal choice and responsibility is imperative in regard to one's self.**



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>LAURA MARTIN</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>martin4sunshine@yahoo.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/7/2022 8:05 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**Please restore parental rights. Rein in the DHHS. Doctors writing medical exemptions should never have their license targeted for exercising their medical judgment on behalf of their patients.**



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>LAURA MUEHLING</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:                  ZIP:
EMAIL: <b>laurammuehling@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 12:23 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**I support this bill.**



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>	
COMMITTEE: <b>Downsizing State Government</b>			
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
<b>WITNESS NAME</b>			
<b>INDIVIDUAL:</b>			
WITNESS NAME: <b>LAURA PARLI</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE:	SUBMIT DATE: <b>2/9/2022 12:00 AM</b>	
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>			





MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>LAURA SHARP</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>sharplaura78@yahoo.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 2:20 PM</b>

**THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.**

I hereby testify to support our Missouri State Constitutional rights . We have a right to live by our own Conscience not being controlled or oppressed by a state thru Medical tyranny . I am in support of hb2009 . The Bible started in 1 2 2corinthian 3:17 Now the Lord is that Spirit: and where the Spirit of the Lord is, there is liberty. Forcing medical tyranny on a minor by the state is not liberty . I oppose any form of medical coercion tyranny or oppression. Jesus governs my vessel not the government .



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>LAURIE DOYLE</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:                  ZIP:
EMAIL: <b>piano_lady61@hotmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 5:48 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

Please support this bill



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>LAWRENCE J FRENCKEN</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:                  ZIP:
EMAIL: <b>ljcs.fren@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/8/2022 10:10 AM</b>

**THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.**

**Rein in overreach by the Missouri DHSS and restore parents' authority over health care decisions for their children.**



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>LEAH CALLAHAN</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>towanda2911@yahoo.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 5:00 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

I am not an anti-vaxxer. I believe in certain vaccines as decades of time have proved their value. As educated and individual citizens, we are simply asking for the personal choice on behalf of our own children to provide truthful evidence that would support the idea that a certain vaccine would not either be necessary or wanted.



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>LEANNE DORN</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>leannedorn@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 8:57 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

I have a hairstyling salon and hear from many clients having trouble, injury, sickness from the Covid vaccine. I never hear people are glad or feel safer having had the vaccine. Pushing it on anyone especially children is wrong. I support HB 2009



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>LEESA I. ROBINSON</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:                      ZIP:
EMAIL: <b>wholisticpathways@live.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/8/2022 7:12 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

I wish to express my support of House Bill 2009 to protect our children. It is time that we allow parents to determine what immunizations their child will receive and stop adding to the already lengthy requirements. It is time to have less government in regards to immunizing our children. It is time to stop adding to the list of immunizations required for children to receive an education. It is time to retain and properly maintain our religious and other health exemptions availability for our parents to utilize in their decision making of their child's health and education. This is what our constitution stands on. I desire for that to be upheld on all levels to preserve my grandchildren's futures. One size does not fit all. I for one am a survivor of a vaccine injury. I am now 62 years of age. At age 5 I had a severe injury to a vaccine that my parents believed they were forced to get for me to attend school. I have battled it my whole life. One size does not fit all.



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>LEIA CRAWFORD</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>leecedric27@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 11:46 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

1. Please align MO statute with the MO Constitution by protecting our right to live according to our conscience.
2. No additional school vax requirements without legislative approval.
3. Strengthen parental rights to choose for their children's health, no child abuse charges for choosing not to vax.
4. Private & parochial schools get to choose vax requirements.
5. Off-campus college students NEED to get to choose.



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>LENA MCNAMEE</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>Meyer_lena@hotmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 4:20 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		





MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>LEO M. MOORE III</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL:	ATTENDANCE:	SUBMIT DATE: <b>2/9/2022 12:00 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>	
COMMITTEE: <b>Downsizing State Government</b>			
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
<b>WITNESS NAME</b>			
<b>INDIVIDUAL:</b>			
WITNESS NAME: <b>LES LARSON</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE:		SUBMIT DATE: <b>2/9/2022 12:00 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>			



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>LESLEY GOODGASELL</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>jamesnlesley@hotmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 9:49 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

I would agree that limiting government involvement in one's health decisions is a Good move on behalf of all Missouri residents. Our founding fathers understood that individual Sovereignty was vital, this is why they escaped the tyrannical control of the British empire. Our rights, granted by our Creator, state that we have a free will to choose what we believe is best for each of us individually. There is only individuals that make up a community and each individual is responsible for their life decisions, the primary being how they care for their own body. Bodily autonomy is a vital part of this beautiful life we have been blessed with. Being able to decide what is best for myself and my family is a high calling that I take very seriously. No one outside of that unit should have any say or right to invade that private space and autonomy, ESPECIALLY a governing body or entity of any kind. The concept of "community or public health" is a farce and one that needs to end today. Legislation to protect bodily autonomy and individual sovereignty is the foundation of everything Our nation was founded on and would only be right for our gracious state of Missouri to also lead by example. I implore every member of the committee and legislation to remind themselves of the greatest good, which is honoring the individual creation of each unique and divinely made person that makes up our incredible world, nation, state and communities. Protect the God-given rights of the individual and leave their health decisions in their hands.



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>LESTER A. LAMOUREUX, D.C.</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:                  ZIP:
EMAIL: <b>drleslcc@semo.net</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 10:53 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

Parents must have the right to determine whether or not their children receive vaccinations for any reason. Unless the child is a ward of the state, the State or local school boards should not have a say in this parental decision.



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>LINDA CONRADY</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>theconrady@yahoo.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 9:38 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**I am in firm support of this bill**



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>LINDA JACKSON</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>07.mirages.buoys@icloud.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 6:49 AM</b>

**THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.**

**It is time to rein in over reach by our government bureaucracies and give the tax paying parent the opportunity to have input in their child's health care.**



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>LINDA REUTZEL</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:                  ZIP:
EMAIL: <b>lsr1@charter.net</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 8:09 AM</b>

**THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.**

**PARENTS SHOULD HAVE THE RIGHT TO DIRECT THE MEDICAL CARE OF THEIR CHILDREN. THIS INCLUDES WHETHER OR NOT TO GET VACCINATIONS. THE CURRENT SITUATION OF HEALTH BOARDS, SCHOOL BOARDS, GOVERNMENT ENTITIES, HAVING CONTROL OVER THIS CONSEQUENTIAL DECISION IS AN ABOMINATION.**



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>LINDA SUZANNE KOHL</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>suzannekohl@yahoo.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 2:28 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**It should be a parents choice to immunize or not.**





MISSOURI HOUSE OF REPRESENTATIVES  
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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>LINDA THAUT</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>linda@thautsi.net</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 9:57 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>LINDA TILLINGHAST</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>jerry12639t@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/8/2022 3:08 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

Parents should should choose their child's health care., especially what is injected into their body. A decision made with their health care provider.



MISSOURI HOUSE OF REPRESENTATIVES  
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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>LINDI WILLIFORD</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>lindishae@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/8/2022 4:54 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		



MISSOURI HOUSE OF REPRESENTATIVES  
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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>LINDSAY JONES</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>lindsay.jones@cityofcottleville.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 1:46 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>LINDSAY MARTIN</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>lindsay.martin@outlook.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/8/2022 6:28 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>LINDSAY RAPP</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>lindsay_rapp@yahoo.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/8/2022 10:01 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

This is a very important Bill for parents and families in Missouri. Unelected officials should not have the ability to add additional vaccines to school requirements. Medical decisions need to remain in the hands of parents and their physicians, based on individual needs. Please move this Bill through committee. Thank you.



MISSOURI HOUSE OF REPRESENTATIVES  
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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>LINDSEY STIPES</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>ellmcstipes@yahoo.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 1:17 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**I'm not against vaccines but I definitely think it's a personal choice when I comes to vaccines. We should not be forcing shots on families/children that are not effective in preventing illnesses.**



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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>LISA DURNELL</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>lisadurnellappraisals@yahoo.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 10:51 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**Please support this bill!!!**





MISSOURI HOUSE OF REPRESENTATIVES  
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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>LISA FALCETTI</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>lfalcetti5@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 8:11 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**I am in support of bill HB 2009.**



MISSOURI HOUSE OF REPRESENTATIVES  
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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>LISA HEMMAN</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>cnlhemman@att.net</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 2:02 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**I support This bill**



MISSOURI HOUSE OF REPRESENTATIVES  
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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>LISA HUKÉ</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>lisakerl@hotmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 11:34 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		



MISSOURI HOUSE OF REPRESENTATIVES  
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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>LISA JONES</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>ljonesfamily@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/8/2022 11:07 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**I support HB 2009.**



MISSOURI HOUSE OF REPRESENTATIVES  
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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>LISA LOWRANCE</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>ann676@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 11:06 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		



MISSOURI HOUSE OF REPRESENTATIVES  
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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>LISA MALAN</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>mimalan@protonmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/8/2022 6:22 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		



MISSOURI HOUSE OF REPRESENTATIVES  
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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>LISA PETERS</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>parkermj62078@yahoo.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 10:31 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**I fully support this bill!**



MISSOURI HOUSE OF REPRESENTATIVES  
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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
<b>WITNESS NAME</b>			
<b>INDIVIDUAL:</b>			
WITNESS NAME: <b>LISA PETERSON</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE:		SUBMIT DATE: <b>2/9/2022 12:00 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>			





MISSOURI HOUSE OF REPRESENTATIVES  
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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>LISA SINGLETON</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>newa71@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 7:47 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**I support this bill**



MISSOURI HOUSE OF REPRESENTATIVES  
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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>LIZ SCHMIDT</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>lizschmidt@protonmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/7/2022 7:36 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

It's outrageous that children, who are at minimal risk of severe illness from Covid-19, are being pressured and bribed to be injected with a drug (erroneously called a vaccine) that is causing irreparable heart damage in young people as well as many other serious adverse effects. The ability to add vaccines to the list mandated for school attendance is currently in the hands of unelected bureaucrats who are unduly influenced by Anthony Fauci, Bill Gates, the CDC, FDA and corrupt pharmaceutical industry. It's past time for We The People to influence these decisions through our elected representatives. HB 2009 will put the power back where it belongs. I urge a YES vote on HB 2009.



MISSOURI HOUSE OF REPRESENTATIVES  
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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>LOGAN BAYLESS</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>enter_sm@hotmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/8/2022 11:14 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

There is not one vaccine in existence that is 100% safe, so for the State to mandate such procedures is to diminish the inherent value of an adult or child's by placing them into a position of possibly being seriously harmed or killed for the so-called "greater good" of the public. The ability for an individual to make important healthcare decisions for themselves and for their dependents is fundamental to a free society. To argue otherwise is to take the fatally flawed position of a despot and creates a slippery slope towards reviled actions by the State in the past such as forced sterilizations. Leave Eugenics in the 20th Century where it belongs and defend the rights of individuals and families to make their own healthcare decisions.



MISSOURI HOUSE OF REPRESENTATIVES  
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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
<b>WITNESS NAME</b>			
<b>INDIVIDUAL:</b>			
WITNESS NAME: <b>LOIS HORSTMAN</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE:		SUBMIT DATE: <b>2/9/2022 12:00 AM</b>
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MISSOURI HOUSE OF REPRESENTATIVES  
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<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>LORA CLYMORE</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>Lorad06@yahoo.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 6:27 PM</b>

**THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.**

**Freedoms for parents to choose what's right for their kids... no questions asked. We the people need to get back to America. The right to choose!!**



MISSOURI HOUSE OF REPRESENTATIVES  
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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
<b>WITNESS NAME</b>			
<b>INDIVIDUAL:</b>			
WITNESS NAME: <b>LORA YOUNG</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE:		SUBMIT DATE: <b>2/9/2022 12:00 AM</b>
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MISSOURI HOUSE OF REPRESENTATIVES  
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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>LORI BOURGEOIS</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>lbourgeois32@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 10:20 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

I am in support of HB2009. We must place the power back to the people. The only way to do that is to allow the legislature to vote representing their constituents. I attended the hearing today and was appalled that four members left the hearing by storming out. They didn't even stay to hear the testimony of individuals who may have had valuable information. I don't always like to hear the other side. However, I always listen because we can't possibly know it all. Our children deserve to have the right to exemptions. Parents and children deserve the right to not be treated differently by our health depts and also deserve to know what their rights are.



MISSOURI HOUSE OF REPRESENTATIVES  
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<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>LOUIS LESINSKI</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>lou.lesinski@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/8/2022 10:01 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		





MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>LUKE CRAWFORD</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>onelukeyoneleia@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 11:45 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

1. Please align MO statute with the MO Constitution by protecting our right to live according to our conscience.2. No additional school vax requirements without legislative approval.3. Strengthen parental rights to choose for their children's health, no child abuse charges for choosing not to vax.4. Private & parochial schools get to choose vax requirements.5. Off-campus college students NEED to get to choose.



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>LYNDA ALTENBURG</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>gmalamt@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 12:09 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>LYNN OSMACK</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>lynscaper@yahoo.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 2:16 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**I align with the Constitution and my right to life, liberty and the pursuit of happiness.**



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>LYNN ROASEAU</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>mowing1081@aol.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 11:10 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>M. NOLAN</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:                  ZIP:
EMAIL: <b>thisissmissymiss@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 12:02 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**I support this bill.**



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>MACKENZIE MCNAMARA</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:                  ZIP:
EMAIL: <b>mmcnamara1231@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 12:39 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>MADELEINE VEST</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>madhazel@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/8/2022 12:45 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>MADISON DOERHOFF</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>mddoerhoff@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/8/2022 8:34 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

As a mother of two children, I know them best out of any person in the world. It is not the duty of the government to have their hand in what decisions I make for my child. Healthcare is not a one size fits all, it takes through assessment/evaluation prior to diagnosis and treatment (preventive or not). This should be applied to any and all healthcare. Not just "standardized practice". Everyone's genetics, functions, reactions, etc are different. These decisions should be made by the parents once informed consent is given and there should be no government overreach on these decisions. There should be no mandate determine what goes into a child's body in order for them to attend school. Thank you for your time.





MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>	
COMMITTEE: <b>Downsizing State Government</b>			
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
<b>WITNESS NAME</b>			
<b>INDIVIDUAL:</b>			
WITNESS NAME: <b>MALINDA KENDRICK</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE:		SUBMIT DATE: <b>2/9/2022 12:00 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>			



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>MALINDA TODD</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:                  ZIP:
EMAIL: <b>toddfamily417@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/8/2022 10:20 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>MALLORY HOCKING</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>mhocking92@icloud.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 1:12 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**Vaccines are not a one size fits all. As a parent, I should not have to defend or explain every time I choose not to vaccinate my kids. That is my business. I don't tell other parents what they should and shouldn't do with their children. There's no manual. We are all just doing what we believe in our hearts is best for our children. No one should be persecuted for that. Parenting is hard enough. Quit criminalizing and shaming others for their choices.**



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>MARCIA BEHR</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>marciabehr@hotmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/8/2022 5:40 AM</b>

**THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.**

**Parental rights to make decisions for their minor children is FUNDAMENTAL in America. It is NOT a decision to be made by an UNELECTED BUREAUCRAT. NO MANDATORY MASK OR VACCINES.**



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>	
COMMITTEE: <b>Downsizing State Government</b>			
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
<b>WITNESS NAME</b>			
<b>INDIVIDUAL:</b>			
WITNESS NAME: <b>MARCIA STEVENSON</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE:		SUBMIT DATE: <b>2/9/2022 12:00 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>			



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>BUSINESS/ORGANIZATION:</b>		
WITNESS NAME: <b>MARCUS ATON</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME: <b>QUEEN CITY WATCHDOG, 501 C3</b>		TITLE: <b>SECRETARY</b>
ADDRESS: <b>1519 SOUTH INGRAM MILL ROAD</b>		
CITY: <b>SPRINGFIELD</b>		STATE: <b>MO</b>
		ZIP: <b>65804</b>
EMAIL:	ATTENDANCE:	SUBMIT DATE: <b>2/9/2022 12:00 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>MARGIE ANGLEN</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>weanglen@socket.net</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/7/2022 8:30 PM</b>

**THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.**

What is there NOT to like about HB 2009? It provides clear and concise language to enable parents to make decisions for their child(ren). I know far to many children that have been harmed by vaccines, which, of course, the medical community does not recognize. In addition, forcing 70+ vaccines on child(ren) within the first five years of their life is poison overload no matter how you look at it. The practice of using aborted baby parts in vaccines should be repulsive to any human being? We are told this is not done, yet if you do the research it is done. I encourage all legislatures to support HB 2009.



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>MARIANNE OJILE</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>ojilem6523@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/7/2022 8:19 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		





MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>MARIE DEBOR</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>mdebor78@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 11:27 AM</b>

**THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.**  
**Parents rights before government.**



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>MARIE MCCRACKEN</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL:	ATTENDANCE:	SUBMIT DATE: <b>2/9/2022 12:00 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>MARILYN ROBERTS</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>rightthinking@rocketmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/7/2022 8:32 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**Please vote in favor of HB 2009. Our elected representatives are in a much better position to determine which vaccines should be encouraged, not some appointed bureaucrat.**



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>MARILYNTERMINI</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>terminimarilyn@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/8/2022 9:39 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**Don't need schools bribing children in schools and forcing vaccines .**



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>MARISA HAGLER</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>marisahagler@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/8/2022 1:43 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

I support this for my child.



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>	
COMMITTEE: <b>Downsizing State Government</b>			
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
<b>WITNESS NAME</b>			
<b>INDIVIDUAL:</b>			
WITNESS NAME: <b>MARISSA FERRELL</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: <b>mpence23@gmail.com</b>	ATTENDANCE: <b>Written</b>		SUBMIT DATE: <b>2/9/2022 11:17 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>			

Leave parenting up to the parents. It's my decision, as a mother, on what's best for my child. Each individual has different needs/beliefs and since we live in a FREE country, we should be able to parent based on our individual beliefs and what's best for us.



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>MARK BRANSTETTER</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:                  ZIP:
EMAIL: <b>mbranstetter@sbcglobal.net</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 11:44 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**I support HB 2009**



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>	
COMMITTEE: <b>Downsizing State Government</b>			
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
<b>WITNESS NAME</b>			
<b>INDIVIDUAL:</b>			
WITNESS NAME: <b>MARK CASCAIRO</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: <b>theoldman59@att.net</b>		ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/8/2022 6:54 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>			

As a retired physician in a pediatric specialty, I am concerned about public health issues affecting our children. Outbreaks like the COVID-19 pandemic can obviously have serious implications for our nation and our children. Rarely, such events will even require a nationwide emergency response, such as a temporary shutdown for isolation and slowing the spread of a deadly infectious condition. However, in a free society in which individual rights and personal responsibility (including the rights of parents to oversee the upbringing and care of their children) are held sacred and protected by the laws of the land, it is imperative that the power of public officials, both elected and appointed, be limited and maintained within the boundaries of those laws protecting the rights and personal responsibilities of the people. Specifically, in our constitutional representative system of government, any decisions by “experts,” boards, bureaus, or public offices which broadly affect the livelihood and liberties of the citizens of that society **MUST** be adequately vetted and approved by the elected representatives of those citizens. Otherwise, the citizens have no recourse or representative voice, and their individual rights and personal responsibilities can be violated and replaced by debatable, arbitrary or partisan decrees. Except in rare emergency situations, mandates must be avoided in a free society. In a truly free society, the individual rights and personal responsibility of the citizens must be respected. Education and honest information provided to the public, and leadership based on truth and sound judgment should be the tools implemented by public officials. The good sense of the American people, their lawful consciousness, and their willingness to sacrifice for the good of society and their neighbors should be fostered and trusted as the default approach to solving sweeping societal problems, like the pandemic. Certainly, there will be a minority of citizens who will be irresponsible, but there are laws in place that, if enforced, would deter or remove irresponsible and unlawful behaviors from society - specifically if those behaviors pose a threat to the life, property, or well-being of others. Our society, comprised of a free and responsible people, must be encouraged always to follow the path of freedom and personal responsibility. Parents need to teach their children in this way, and our public officials, both elected and unelected, need to reflect and properly represent that quality of the American people in all of their public business. This means that proper representation of the American people will always respect the individual rights and personal responsibilities of an elected official’s constituents. But it also means that sweeping decrees and mandates emanating from the offices of unelected public officials should be rejected, as an excessive assumption of power, as an usurpation of the responsibilities of our elected officials, as a violation of the sacred rights and personal responsibilities inherent in the citizenry, and as a violation of the laws in our constitution which protect those rights and personal responsibilities.





MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>MARLENE KEMPT</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>Marlene.Kempt@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 4:16 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

I am the Grandmother of 4 beautiful pre-school and school age children in the state of MO. I believe it is a parents right to live according to their conscience regarding medical decisions for their children. My grandchildren should not be forced into a medical procedure without the ability to get a medical or religious exemption. The amount of vaccines that I received when I was a child, compared to the amount of vaccines that are required or recommended of today's children, is not sustainable. I question the amount of chemicals being injected into our children today. What is it doing to them? I believe it it a parents right to reject these injections according to their conscience.



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<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>MARTHA A. STAGGS</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>rmstaggs1771@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/7/2022 7:37 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**Children need our protection. Children are not in danger of covid as adults. This is an experiment.**



MISSOURI HOUSE OF REPRESENTATIVES  
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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>MARTHA PHILLIPS</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>meandave59@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 6:16 AM</b>

**THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.**  
Parents should have the right to decide if they want to immunize there child.



MISSOURI HOUSE OF REPRESENTATIVES  
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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>MARVIN &amp; DOROTHY PHILLIPS</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>phillipsm48@embarqmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 12:15 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**We are opposed to the Covid vaccines because they are experimental and appear to be unnecessary for children. There is evidence that the vaccines can harm other organs in children's bodies. Children can effectively fight the virus and get natural antibodies. Why risk hurting children? It is also proven that the vaccines will not prevent a person from getting the virus. So no need for vaccines.**



MISSOURI HOUSE OF REPRESENTATIVES  
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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
<b>WITNESS NAME</b>			
<b>INDIVIDUAL:</b>			
WITNESS NAME: <b>MARY ADLER</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE:		SUBMIT DATE: <b>2/9/2022 12:00 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>			



MISSOURI HOUSE OF REPRESENTATIVES  
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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>MARY BETH ROLWES</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:                  ZIP:
EMAIL:	ATTENDANCE:	SUBMIT DATE: <b>2/9/2022 12:00 AM</b>
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MISSOURI HOUSE OF REPRESENTATIVES  
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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>MARY BETH WITTRY</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>marybwittry@icloud.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/8/2022 6:53 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**End the tyranny with Covid vaccines, especially with our children!**



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<b>WITNESS NAME</b>			
<b>INDIVIDUAL:</b>			
WITNESS NAME: <b>MARY BLACK</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE:		SUBMIT DATE: <b>2/9/2022 12:00 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>			





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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>MARY C RUCH</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>Mczvirnig@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 3:30 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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COMMITTEE: <b>Downsizing State Government</b>			
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
<b>WITNESS NAME</b>			
<b>INDIVIDUAL:</b>			
WITNESS NAME: <b>MARY CREMER</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE:		SUBMIT DATE: <b>2/9/2022 12:00 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>			



MISSOURI HOUSE OF REPRESENTATIVES  
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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>MARY HALEY</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>mary.haley1@live.ca</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/7/2022 8:29 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

My name is Mary Haley and I believe that HB 2009 is an extremely important step in protecting our children. The vaccine industry has been trying to push the Covid-19 vaccines on children younger and younger despite their own data proving it isn't terribly beneficial for children. This is because of the 1986 Vaccine Injury Act that absolves any vaccine manufacturer from having to pay for Vaccine Injury compensation if their vaccine makes it onto the mandatory childhood vaccine list. Do not do this to our children. Our children deserve to be more than Guinea pigs. They deserve legislation that looks out for their best interest instead of offering them up like a sacrifice so that an industry can make more money and get away with the inadequacies of their products. This legislation would protect our children from someone being to just add a vaccine to the mandatory list without it using legislation first. Please take this step. Be a voice for the voiceless. Protect our children, because you can.



MISSOURI HOUSE OF REPRESENTATIVES  
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<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>MARY MCCORMICK</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>mms326@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 1:07 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**Vaccination decisions should always be in the hands of the parents. Period.**



MISSOURI HOUSE OF REPRESENTATIVES  
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<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>MARY MOHLER</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:                  ZIP:
EMAIL: <b>m4mohler@yahoo.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/8/2022 12:59 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

Parents, not the government, should make decisions regarding their children's well-being. Parents, not the government, understand their children's unique needs and can best make decisions to benefit them.



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<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>MARY MURPHY</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>imagedoc22@gmail.com</b>	ATTENDANCE: <b>In-Person</b>	SUBMIT DATE: <b>2/9/2022 12:24 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

I fully support legislative oversight over vaccine mandates. Sometimes there is a "lag" between allocated funding (to roll out a vaccine mandate), vs. how the epidemiology is actually trending. The funded beneficiaries who will be mandating vaccines are biased and cannot objectively assess the proper course of action when the disease happens to be in rapid decline, just as they are ramping up for the roll-out.



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<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>MATT HETHERITON</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>matthetheriton@yahoo.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/7/2022 7:39 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		



MISSOURI HOUSE OF REPRESENTATIVES  
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<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>MATTHEW</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>portroyalholdings@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 1:31 PM</b>

**THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.  
Freedom. We do not need to empower school boards to mandate medical issues.**





MISSOURI HOUSE OF REPRESENTATIVES  
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<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>MATTHEW ARRI</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>mrmatt456@yahoo.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/8/2022 7:59 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**I believe that the State of Missouri needs legislative oversight over of all vaccine mandates in our state. Unelected and comprised bureaucrats should not be making these types of decisions alone. Voters want representation and a voice in these decisions through their elected representatives.**



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<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>MATTHEW CRAWFORD</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>amapatriot@protonmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 11:37 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

1. Please align MO statute with the MO Constitution by protecting our right to live according to our conscience.2. No additional school vax requirements without legislative approval.3. Strengthen parental rights to choose for their children's health, no child abuse charges for choosing not to vax.4. Private & parochial schools get to choose vax requirements.5. Off-campus college students NEED to get to choose.



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<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>MATTHEW MATHES</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>matthewmathes@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 9:47 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**I fully support this bill.**



MISSOURI HOUSE OF REPRESENTATIVES  
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<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>MATTHEW RIDPATH</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>ridpath.m@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 3:38 PM</b>

**THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.**

I believe parent's and parent's ONLY should be making medical decisions for our children. The Government, School or Doctor's do not own our children. The School and Doctor both have a role in our lives BUT that role does not assume responsibility!!! If parent's choose to vaccinate their children and they believe that the vaccines actually work, then there should be no issues with unvaccinated children within the school or anywhere else for that matter!!! THEIR CHILDREN ARE COVERED, CORRECT? NO child should be DISCRIMINATED against because they do not comply, for whatever reason!!! These reason could be medical, religious, ethical and so on. The three entities mentioned above DO NOT care, feed or clothe my children, nor will they be financially responsible for their college OR for any adverse effect of the vaccines, be it medical or religious. The vaccine companies do not even take responsibility for any adverse effects of the vaccine! How vile for these mandates to be put in place with no regard!!! SO WHY DO THEY GET THIS POWER? They are to EDUCATE? WE THE PEOPLE PAY FOR OUR CHILDREN TO BE EDUCATED? Which by the way, the children, no longer have spelling test, they are no longer taught to sign their name in cursive!!! Lets discuss some real ISSUES, my pediatrician's office insisted that my children get the HPV vaccine, the office staff even called me personally to set this up. When I declined the vaccine, they were offended and wanted to know why. I explained why I was opting out for multiple reasons. It was against my religious beliefs, against the constitution AND my niece had a stroke at 18 yrs old after her second dose. She told me it was against their policies for me not to agree to this, I told her I had declined the other vaccines and she said she'd be looking into that. A week later, I received a certified letter in the mail that was dismissing us from practice unless we complied. I called them and told them that this was not their decision and that I was firing them for malpractice! This is absolutely discrimination!!!! There are parent's all over Missouri that have to look and high and low for a doctor that will allow us to be responsible for our own child's medical decisions, due to this unethical practice! UNACCEPTABLE!! I have an exemption on file with the school, yet EVERY TIME a new vaccine gets added to the list, they require that I get a new exemption form with the said vaccine noted on the document. The problem with this IS, according to State law, I do not have to keep providing them with extra documentation once an exemption is on file and they will in fact harass you and kick your child out of school unless you comply. I have in fact went to get a "new exemption" and guess what? The vaccine they were talking about, wasn't even listed on there!!! I asked the Health Department where the exemptions were that had this particular vaccine on it and they didn't even know what I was talking about. I took it upon myself to write it on there along with a note that stated "ANY CURRENT AND FUTURE VACCINES, INJECTIONS, INCLUDING ORAL" Parent's should not have to go to these great lengths to receive medical care or education, of which WE PAY FOR!!! The old saying goes "stay in your lane" I SUPPORT THIS BILL 100%



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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>MAUREEN CATHERINE LAUER</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>maureenclauer@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 12:36 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**HB 2009 protects children by creating legislative oversight of all childhood vaccine requirements. Unaccountable DHSS bureaucrats will no longer be able to make an end run around the legislature. That means with HB 2009 average citizens will have an opportunity to influence the process. Our children are OUR children, not guinea pigs. The don't belong to government institutions**



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<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>MAUREEN CATHERINE LAUER</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>maureenclauer@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 1:05 PM</b>

**THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.**

**NO COVID 19 INJECTIONS for our children of any age! This is unethical, toxic and potential lethal. Say NO to this abuse , genocidal treatment of our children.**



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<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>MAUREEN SCHOENWALDER</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>schoenwalder@sbcglobal.net</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 6:22 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>MEAGAN NIELSEN</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:                  ZIP:
EMAIL: <b>kurtmeg@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 11:15 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

I would like to enter my support for this bill- as the mother of four children, I am extremely concerned about the possibility of the state adding the Covid-19 vaccine to the list of required vaccinations. I do not believe it is in my children's best interest to get this vaccine as they all have had Covid and children are not effected by this virus like older people are. My children deserve to go to school no matter what their status regarding vaccination of Covid-19 as both vaccinated and unvaccinated can get and pass the virus. Thank you for your time.





MISSOURI HOUSE OF REPRESENTATIVES  
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COMMITTEE: <b>Downsizing State Government</b>			
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
<b>WITNESS NAME</b>			
<b>INDIVIDUAL:</b>			
WITNESS NAME: <b>MEGAN GUILLEN</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE:		SUBMIT DATE: <b>2/9/2022 12:00 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>			



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>MEGAN LEE</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>meganlee43@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 10:46 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>MEGAN SIMS</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>megan.sims985@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 9:08 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**As a registered nurse of the state of Missouri, the immunizations should be the choice of the parents, and that the immunizations required within our school systems should be determined by our legislatures. The Missouri Department of Health and Senior Services cannot and would not be held accountable if the power remains in their hands. Our children are important. The vaccines we put into their bodies is important. And that power needs to be in the hands of the legislatures.**



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>MEGHAN ROEPCKE</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>mmroepcke@yahoo.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 2:41 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

I am in support of this bill as it is the right of parents and the constituents of Missouri to decide which vaccinations should be required. Exemptions should be allowed as there are so many scenarios with all vaccines that make them more harmful for a person to take. We decide on which vaccines are children should receive on a case by case basis after thorough research and discussions with our doctor. Not all vaccines are necessary for everyone in every situation. Penalizing people for using their personal discretion on what's best for them is not the way forward. Exemptions are protected by our constitution and no person should be discriminated against based on that exemption. This is personal and private medical information that should be between a doctor and patient, not a database, school, employer, etc. Thank you for this bill, for protecting our rights and giving people a voice.



MISSOURI HOUSE OF REPRESENTATIVES  
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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>MEIKE ATON</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:                  ZIP:
EMAIL:	ATTENDANCE:	SUBMIT DATE: <b>2/9/2022 12:00 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>MELINDA BRANSTETTER</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>mindy1315@sbcglobal.net</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 10:19 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

I support HB 2009 because I believe no government agency should have unilateral power to add medical treatments to the list of requirements to go to school. This would allow government oversight and parents to have a say as to what is added, if anything. It is really frightening that this "vaccine" is being pushed so hard on everyone, especially our youth. Youth are the least at risk - and there are consequences to taking a "vaccine" that is still in its infancy and with reports that it is ineffective at fighting off the variants and that it also poses potential risks that are far too great to make this something that is mandated for all.



MISSOURI HOUSE OF REPRESENTATIVES  
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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>MELINDA SPELLERBERG</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>melspellerberg@yahoo.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 4:26 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

Health care is not one size fits all. Only doctors and parents know and should decide if vaccines (or any medicine) are appropriate for their kids/patients.



MISSOURI HOUSE OF REPRESENTATIVES  
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COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>MELISSA</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>Melissa.hbic@yahoo.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 1:25 PM</b>

**THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.**

**Stop the discrimination of "vaccine status".When did America turn into Nazi Germany?**





MISSOURI HOUSE OF REPRESENTATIVES  
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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>MELISSA HATHAWAY</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>melissanbrea02@hotmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/8/2022 7:36 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>MELISSA M BURTON</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>missymburton@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 3:13 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>MELISSA PETERSON</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>melissabrake12@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 2:38 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>MELISSA ROPP</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>roppgirl@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 4:15 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		



MISSOURI HOUSE OF REPRESENTATIVES  
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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>MELISSA SISK</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>littlesongbird17@yahoo.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/8/2022 9:56 AM</b>

**THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.**

**Allowing the DHSS to set requirements for immunizations without constituent input is something that absolutely should not be allowed.**



MISSOURI HOUSE OF REPRESENTATIVES  
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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>MELISSA THOMAS</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:                  ZIP:
EMAIL: <b>busymethis@protonmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/8/2022 6:39 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

If this last 2 years have taught real Americans anything, it's that **NOTHING** should come between us and our pursuit of Life, Liberty and the Pursuit of.....Property, Happiness, Education, Employment, Housing, etc..... Our children should **NOT** be held hostage to an education system , paid for by tax dollars, that requires shots or vaccines!!



MISSOURI HOUSE OF REPRESENTATIVES  
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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>MELISSA WELBY</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>discolover1970@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/8/2022 5:44 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>MELISSA WILKERSON</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>wilcmj@live.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 9:41 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		





MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>MELODY BALL</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>melodyball@ymail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 10:49 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**I am not in favor of mandated vaccinations. This should be a parental choice, no matter the vaccine.  
So I am in favor of this bill!**



MISSOURI HOUSE OF REPRESENTATIVES  
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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>MENDI WORMINGTON</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>mendiwormington@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 10:38 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

As a parent of school aged children, I believe I should have the right to make health decisions for my child without criminal charges being filed against me. I also believe that changes to vaccine requirements should go through the legislation - an elected body. I strongly disagree with any unelected committee imposing such requirements or making changes to requirements. Private schools should be able to make their own rules without government involvement. These requirements should align with the Missouri Constitution and is why I support HB2009. Thank you, Mendi Wormington  
Monett, MO



MISSOURI HOUSE OF REPRESENTATIVES  
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<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>MERRY WHITE</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>amerryheart66@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/8/2022 6:06 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		



MISSOURI HOUSE OF REPRESENTATIVES  
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<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>MICHAEL B PORTER</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>portermichaelb@yahoo.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/7/2022 8:17 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

Legislative oversight of all childhood vaccine requirements is a must. As for businesses shutting down, why is it all the businesses that are mom and pops were closed but the big corporate stores were marked essential and stayed open? There's been a tremendous amount of wealth to those corporate entities to function on. Wonder what campaign contributions went to which political party?



MISSOURI HOUSE OF REPRESENTATIVES  
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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
<b>WITNESS NAME</b>			
<b>INDIVIDUAL:</b>			
WITNESS NAME: <b>MICHAEL BANDOWSKI</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE:		SUBMIT DATE: <b>2/9/2022 12:00 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>			



MISSOURI HOUSE OF REPRESENTATIVES  
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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>MICHAEL BLAINE</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>mblaine@blaines.us</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/7/2022 11:07 PM</b>

**THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.**

**Do not mandate children vaccinations. That is a parents choice. There is no danger to others by not vaccinating children.**



MISSOURI HOUSE OF REPRESENTATIVES  
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<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>MICHAEL C HARTMAN</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>mike.hartman55@yahoo.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/8/2022 2:58 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		



MISSOURI HOUSE OF REPRESENTATIVES  
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BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>MICHAEL DAVIS</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>mikedkc@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/8/2022 7:28 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		





MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>MICHAEL J. DEVINE</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>mikepatd@live.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/8/2022 7:57 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**Vaccine makers can no longer be trusted**



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>MICHAEL JENSEN</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:                  ZIP:
EMAIL: <b>tess59stevens@yahoo.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 11:00 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>MICHAEL MUMMA</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>michael.mumma@live.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 2:09 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

I support the constitutional natural rights of parents to make the best health related decisions for their children.



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>MICHAEL PATRICK RICE</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>rice21@protonmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/8/2022 6:29 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>MICHAEL S. NICKLER</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>mikenickler@yahoo.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 5:09 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>MICHAEL WOLFORD</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>michael.wolford@hotmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 11:03 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>	
COMMITTEE: <b>Downsizing State Government</b>			
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
<b>WITNESS NAME</b>			
<b>INDIVIDUAL:</b>			
WITNESS NAME: <b>MICHELE E. MOORE</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE:	SUBMIT DATE: <b>2/9/2022 12:00 AM</b>	
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>			



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>MICHELE SMITH</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>lsonsmom10@protonmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/8/2022 8:21 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

Considering the ways DHSS has abused its authority over the past two years, it's only sensible that this authority, namely the decision to require a medical intervention as a requirement for school attendance, to the legislature where it belongs. Those we elect, those directly responsible to the people of Missouri, should be making those decisions, not unelected bureaucrats.





MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>MICHELE WELKER</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:                  ZIP:
EMAIL: <b>welker.shelly@yahoo.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 8:36 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

I am in support of this bill. I support the continued use and freedom of exemptions with both public and private schools. I also support putting the authority back into the legislative governing over immunizations rather than the local health departments. This is important to my family and so many others in the State of Missouri.



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>MICHELLE BRANDT</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:                  ZIP:
EMAIL: <b>michellebrandt@protonmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/8/2022 12:42 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

I am in support of HB 2009. We need to restore Parents' authority over healthcare decisions for our children & limit overreach by MO DHSS.



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>MICHELLE BRUNGART</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:                  ZIP:
EMAIL: <b>michellebrungart@hotmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 10:44 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>MICHELLE DEVINE-EDMONDSON</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>devinemom7@yahoo.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 9:39 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>MICHELLE GOLDSTEIN</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>mgold60@hotmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/7/2022 8:06 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>MICHELLE JOLLY</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>michellejolly4@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 8:22 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

I am a mom of 2 girls and this bill is important to me because as a mom I want to make sure my girls get the best health care possible. When it comes to vaccines I take the time to talk with their pediatrician about them and then decide what would be best. At no point to I want someone other than their pediatrician helping me make this decision. The government should not be able to dictate which vaccines are mandatory for my children. This is a decision my husband and I make together along with the advice from our pediatrician. Please allow parents to do their job and decide what is best for their children.



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>MICHELLE MARTIN</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>chelnbri@yahoo.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/8/2022 6:52 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>MICHELLE MOBERLY</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>mmpinkney@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/7/2022 6:32 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		





MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>MICHELLE NOVARA</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>m.novara@sbcglobal.net</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 3:05 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**I support this bill**



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>MIKA JONES</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>mikajones68@yahoo.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 4:31 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

I believe as a parent I should have freedom of choice to choose whether my children get vaccinated or not.



MISSOURI HOUSE OF REPRESENTATIVES  
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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
<b>WITNESS NAME</b>			
<b>INDIVIDUAL:</b>			
WITNESS NAME: <b>MIKE GLISER</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE:		SUBMIT DATE: <b>2/9/2022 12:00 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>			



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>MIKE MOOREFIELD</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:                  ZIP:
EMAIL: <b>mrmconstco@aol.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 12:56 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**Please support this important bill and protect our children!!**



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>MINDI DOWELL</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>mindiplott@hotmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 11:22 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

Upon reading the post, my heart breaks that this is even something we should have to vote upon. Child abuse/fees for not vaccinating? There are millions of us who love our children and feel it's best to not vaccinate for certain reasons. That is our choice. We are not harming them, rather protecting them. We have done our research. We are confident. We are strong. We deserve the right to parent our children the way we see fit. To raise strong and healthy individuals is our goal. It is our duty and our God given right.



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>MINDY CHILDRESS</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>mindyjacks@hotmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 11:37 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**I fully support this bill.**



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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COMMITTEE: <b>Downsizing State Government</b>			
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
<b>WITNESS NAME</b>			
<b>INDIVIDUAL:</b>			
WITNESS NAME: <b>MITCHELL HUBBARD</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE:	SUBMIT DATE: <b>2/9/2022 12:00 AM</b>	
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MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>MOE DOUBLE</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>moedouble@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 3:34 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

Parents make choices for their children, not school districts.





MISSOURI HOUSE OF REPRESENTATIVES  
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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>MONICA ROBERT</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>monicalynnrobert@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 7:36 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>MONTIE CALVIN</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:                  ZIP:
EMAIL: <b>mecalvin3143@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 12:27 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

The state is overstepping their authority with our children. Being stooges for big pharma, is not what our representatives are elected to do. My child had covid, the symptoms were very mild, she was over it in 2 days. She had much worse colds.



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>MORGAN JONES</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>morgankjones@icloud.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/8/2022 10:25 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

To vaccinate or not to should ALWAYS be a choice of the individual (or parent/guardian) and not that of the government. Many oppose vaccines on religious, medical or ethical grounds and our FREEDOM OF CHOICE should be maintained. We know the risk we are taking - there is always a balance of risk vs benefit.



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>MRS. SHELLY KNICHEL</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:                  ZIP:
EMAIL: <b>hgefree@msn.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/7/2022 7:31 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**I support this bill.**



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>MYRA KAY HALL</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>zeehallz@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 9:00 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**We must value children's lives and parents rights to choose- there is not enough data to make this decision that could cause more harm than good.**



MISSOURI HOUSE OF REPRESENTATIVES  
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COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>MYRON RHOADES</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>mrent64@hotmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/8/2022 7:26 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**Freedom must prevail! Only parents know what is best for their children. Any other act is tyranny.**



MISSOURI HOUSE OF REPRESENTATIVES  
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COMMITTEE: <b>Downsizing State Government</b>			
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
<b>WITNESS NAME</b>			
<b>INDIVIDUAL:</b>			
WITNESS NAME: <b>NADINE MEAD</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE:		SUBMIT DATE: <b>2/9/2022 12:00 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>			



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>NADINE VARGA</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:                  ZIP:
EMAIL: <b>summersally@use.startmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/8/2022 11:27 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

I fully support HB2009 which limits the government's overreach in the healthcare decisions of individuals. There should be no vaccine mandates. A vaccine is a medical procedure, injecting substances into the body which bypass our God-given immune system. There is mounting evidence that the current CoVid vaccines are dangerous and are causing injuries and death. More physicians are coming out against these gene therapy vaccines. It is not the responsibility of the government to take over the rights of an individual. Individual liberties must be preserved.





MISSOURI HOUSE OF REPRESENTATIVES  
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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
<b>WITNESS NAME</b>			
<b>INDIVIDUAL:</b>			
WITNESS NAME: <b>NANCY BARDENHEIER</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE:		SUBMIT DATE: <b>2/9/2022 12:00 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>			



MISSOURI HOUSE OF REPRESENTATIVES  
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COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>NANCY DANNER</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>nddanner@reagan.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/8/2022 6:07 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

Please SUPPORT HB 2009. THANK YOU



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>NANCY OSBORNE</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>fullmoonsail@earthlink.net</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/8/2022 7:45 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**It's a shame that we must go to these lengths to protect our children from government interference.  
We need this or next will be mandatory vaxxing for the flu each year.**



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>NANCY RICKLEFS</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>rik ranch@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/8/2022 11:49 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

I stand strongly with the proponents of this bill which will restore parents' authority over health care decisions for their children, and reign in overreach by the Missouri Department of Health and Senior Services (DHSS). We must have legislative oversight of all childhood vaccine requirements!!I support all elements of HB 2009 with special emphasis on our state and national constitutional rights of religious freedom. Additionally the conscientious belief objection must be added to the religious exemption verbage!



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>NANCY TRICKEY</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>ourhomehaven@yahoo.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 8:48 PM</b>

**THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.**

**Parents should be the ones to make medical decisions for their children , not the government.**



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>NANCY WASER</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>nancywaser@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 11:09 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**I support this bill.**



MISSOURI HOUSE OF REPRESENTATIVES  
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COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>NANDEELIE</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>nhclecroix@yahoo.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 11:49 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>NANDEELIE SMITH</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>nhclecroix@yahoo.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/7/2022 7:37 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		





MISSOURI HOUSE OF REPRESENTATIVES  
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COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>NANETTE (NAN) BACKES</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:                  ZIP:
EMAIL: <b>astaircat@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 10:59 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

I own a business in Jefferson County. In the last year, nearly twenty of my clients who have gotten the covid shots have been seriously injured (blood clots, heart attacks, severe neurological damage resulting in tremors and dementia-like symptoms, severe nose bleeds requiring emergency medical help, extremely elevated white blood cell counts, bleeding from various orifices including eyes, swelling and edema, and more) or have died after suffering hours, days, or weeks of severe pain. If this is happening to adults, how much more will our little children and babies suffer because of these experimental shots? Parents, not political figures, must have a choice for these and all shots (vaccines, transfusions) for their children.



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>NATALIE SCHOLL</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>natscholl76@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 12:18 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**A public school system should never have a say on what my child gets injected into their bodies. Both of my children have Tourette Syndrome that is likely due to the massive amount of childhood vaccines that are pushed on parents. This is up to the parent. The government overreach is out of hand and needs to stop. DHHS is a corrupt governmental body that doesn't care about individual rights and freedoms. I support this bill.**



MISSOURI HOUSE OF REPRESENTATIVES  
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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>NELIA AUBUCHON</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>nelia.aubuchon@hotmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/7/2022 6:25 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

I fully support this proposed legislation. Legislators need to do their job and stop letting unelected bureaucrats run People's lives. Health Care Providers need to care for their patients without the fear of politically motivated "investigations" by the board of healing arts. This has happened in MN, OR, etc. MO needs to PROTECT the Dr./Patient relationship and the rights of parents to decide the medical care for their children. Unelected bureaucrats have their role. It's about time they got "back in their lane" behind the will of the legislature and the will of We the People. Pass HB2009.



MISSOURI HOUSE OF REPRESENTATIVES  
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<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>NICHOLAS MANFORD</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>nmanford08@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 2:49 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

I am in favor of HB2009.



MISSOURI HOUSE OF REPRESENTATIVES  
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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
<b>WITNESS NAME</b>			
<b>INDIVIDUAL:</b>			
WITNESS NAME: <b>NICKI KRSUL</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE:		SUBMIT DATE: <b>2/9/2022 12:00 AM</b>
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MISSOURI HOUSE OF REPRESENTATIVES  
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<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>NICOLE AVERY</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>avery_nicole@yahoo.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 11:15 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

I strongly support the passage of this bill. It is ludicrous that our Health Department would have unilateral power to mandate a vaccine (that has ZERO long term safety data) on innocent children as a condition to attend school. The alarming data from the DOD, the high transmission rates in fully vaccinated individuals, and the minuscule risk Covid presents to children make such a requirement completely indefensible. DO NOT give our Health Department this power.



MISSOURI HOUSE OF REPRESENTATIVES  
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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>NIKI CRADICK</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>cradick@hotmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 4:10 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>NIKKI MILLS</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>nikki.mills@theecmg.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 9:14 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**I support the bill.**





MISSOURI HOUSE OF REPRESENTATIVES  
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<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>NOLAN T ROBINSON</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>ntrbnson@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 9:12 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		



MISSOURI HOUSE OF REPRESENTATIVES  
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<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>NORMA L DAVIS</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>rd_nrm@yahoo.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/8/2022 2:54 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

Dear Sir: I support HB 2009 in hopes our state would not impose undue vaccination law on children without legislative oversight. As I see it no bureaucracy such as and not limited to DHSS has any business or authority to make law for Missouri. Lawmaking should remain within our legislative branch of government. Thank you for considering my witness. Norma Davis



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>PAM BUTTRAM</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL:	ATTENDANCE:	SUBMIT DATE: <b>2/9/2022 12:00 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>PAM HEITZMANN</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL:	ATTENDANCE:	SUBMIT DATE: <b>2/9/2022 12:00 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		



MISSOURI HOUSE OF REPRESENTATIVES  
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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>PAMELA A HUGHES</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>phughes013@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 11:02 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

I totally support this bill. If anything, it does not go far enough. Parents have authority over health care decisions and seniors, with their families, have authority over their health care decisions - PERIOD. NO discussion, NO negotiation. Anything else is an unconstitutional abuse of power where persons involved should be held accountable, prosecuted, and punished for their crimes against humanity. People are sovereign beings, not the property of or slave to government at any level. The people nor their rights can be sold regardless the size of the bribe which seems to be rampant, in the billions of dollars or more, and funded by "We The People's tax dollars". I truly hope the latter is also addressed very soon. My deep gratitude to the sponsors and supporters of this bill. I was deeply disappointed that not a single democrat is listed on the supporters list. I have been a democrat for most of my life and I'm ashamed of the vast majority of democratic politicians for not standing up for "We the People" who voted for them. I wish I could attend in person and would have attended if it was a zoom meeting. I can only hope this body stands up for our children and seniors. I know I will!



MISSOURI HOUSE OF REPRESENTATIVES  
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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>PAMELA L SMITH</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>pismith62@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 9:21 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**The draconian lockdown measures and mask mandate needs to END NOW.**



MISSOURI HOUSE OF REPRESENTATIVES  
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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>PAMELA LEHMAN</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>plehman@dynamihealth.org</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/8/2022 9:28 PM</b>

**THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.**

**Bodily autonomy is an essential human right and we must have laws that protect us from the overreach of government! Please, ensure we have the right to make our own medical choices!**



MISSOURI HOUSE OF REPRESENTATIVES  
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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>PATRICIA MCWILLIAMS</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>prmcwilliams@comcast.net</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 6:40 PM</b>

**THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.**  
**It's time to limit government reach into private family medical decisions.**





MISSOURI HOUSE OF REPRESENTATIVES  
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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
<b>WITNESS NAME</b>			
<b>INDIVIDUAL:</b>			
WITNESS NAME: <b>PATRICIA TOCCO</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE:	SUBMIT DATE: <b>2/9/2022 12:00 AM</b>	
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>			



MISSOURI HOUSE OF REPRESENTATIVES  
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COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>PATRICIA VERDE</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>pdverde@sbcglobal.net</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/7/2022 8:03 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo. I STRONGLY support this bill!</b>		



MISSOURI HOUSE OF REPRESENTATIVES  
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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>PAUL DOYLE</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>piano_lady61@hotmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 6:00 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**Please support this bill . We should have the right to make this decision for our children and not the government making the decision**



MISSOURI HOUSE OF REPRESENTATIVES  
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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>PAUL GERHARD</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>pgerhard2112@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 10:46 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

HB 2009 is essential to holding onto medical and educational freedom here in Missouri. Parents need to be able to choose what is best for their children, no matter their reason. The vaccine schedule is full enough with over 70 vaccines on the childhood vaccine schedule from birth to 18 years of age. This bill is what Missouri needs and should have full support on both sides of the political aisle. We should all agree that our children are ours and we deserve choices regarding vaccines. This is America!



MISSOURI HOUSE OF REPRESENTATIVES  
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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>PAULA CLARK</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>pckjclark@yahoo.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 10:13 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		



MISSOURI HOUSE OF REPRESENTATIVES  
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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>PAULA FUGARO</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>paulafugaro@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/7/2022 10:29 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**HB 2009 protects children by creating legislative oversight of all childhood vaccine requirements, rather than leaving it in the hands of unaccountable DHSS bureaucrats. HB 2009 gives the average citizen the opportunity to influence the process.**



MISSOURI HOUSE OF REPRESENTATIVES  
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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>PAULA JUELICH</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>juelich@juno.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 8:43 AM</b>

**THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.**

The legislature, which represents the people, should be in charge of providing oversight on something as important as the vaccination schedule - not unelected bureaucrats.



MISSOURI HOUSE OF REPRESENTATIVES  
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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>PAULA WEEMS</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>paulaweems@hotmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 7:07 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**I support this bill! Missouri citizens need this!**





MISSOURI HOUSE OF REPRESENTATIVES  
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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>PEGGY WILSON</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>qpann54@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 6:57 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>PHIL WILLIAMS</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>catttech91@yahoo.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 8:16 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		



MISSOURI HOUSE OF REPRESENTATIVES  
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<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>PRESTON HOWERTON</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>pbhowie@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 2:49 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

I am a 16 year physician in the KC area and USAF veteran. I have built my life, my family's life and the future of my kids on our innate freedoms as Americans to choose. To educate ourselves and make an informed decision. Never in my medical career have I forced a procedure or injection on to an individual. That simply is not what medicine is nor what it should be. The freedom to choose what enters our body should remain just that.... A freedom. We support this bull as it allows for freedom of choice in each family unit. To practice safety in our homes. To not force choice on to others. Please support this HB



MISSOURI HOUSE OF REPRESENTATIVES  
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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>RACHAEL COATES</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>rachaelnitz0607@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 8:20 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

I believe individuals and parents of young individuals have the right and capability to choose what to or what not to inject in their body. People have ability to research and make an informed decision on while the or not they want to receive a vaccine. Just because we all can land on different conclusions does not negate or make less of our right to choose.



MISSOURI HOUSE OF REPRESENTATIVES  
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<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>RACHAEL O'CALLAGHAN</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>nikkiocallaghan@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/8/2022 8:14 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**I support this bill.**



MISSOURI HOUSE OF REPRESENTATIVES  
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<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>RACHEL ANDERSON</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>rachelanderson1985@hotmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 10:36 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

As a mother and nurse I'm appalled at what healthcare has become. I'm even more disappointed with the way the government is trying to push to get children injections of poison going to such lengths as bribing. It ends now! There is much research, 75 or more studies on ivermectin for treatment of COVID and yet there is a war on information and that has resulted in suppressing treatment protocol for COVID patients. There is no need for the COVID shot. It has been proven that people are getting and dying from COVID AFTER getting the shots. The focus should be and have been on early treatment protocol from FLCCC



MISSOURI HOUSE OF REPRESENTATIVES  
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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>RACHEL K DECKERD</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>rkweber35@yahoo.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 12:50 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

I fully support HB 2009. Over the past 2 years, we have seen an uptick in the overreach by DHSS. This is a problem that is not new but as only been worsened. This department is out of control and needs to be reined in. I believe we continue to slip further down the track of losing our parental rights and this would be one way we can help to restore parental rights over the healthcare of our children. We need to strengthen our exemption process in our great state and restore the rights of parents.



MISSOURI HOUSE OF REPRESENTATIVES  
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<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>RACHEL SILVERS</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>rtsilvers@protonmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 9:42 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**"As government expands, liberty contracts" - Ronald Regan**





MISSOURI HOUSE OF REPRESENTATIVES  
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<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>RACHELLE L. NELSON</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL:	ATTENDANCE:	SUBMIT DATE: <b>2/9/2022 12:00 AM</b>
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<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>RAY F HERRON</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>herron@socket.net</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/8/2022 7:06 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**We the People do not want UNELECTED, and in some cases uninformed, appointed officials mandating healthcare decisions for anyone, much less our Children. Healthcare decisions should be a personal choice, involving the Parents and properly trained healthcare professionals.**



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>REBECCA A BOERNER</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>raoerner@charter.net</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/8/2022 7:32 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

I believe that the citizenry of the State of Missouri are intelligent and capable of making their own personal medical decisions. Government has no place to deny free citizens their bodily autonomy. So I feel that there should be no vaccine or mask mandates in Missouri. This should not be allowed. It is unconstitutional. I also want to say that the mask mandate in effect at the St. Louis Community College needs to be ended. This is tyranny over students by unelected school administrators trying to run people's lives. The Community College gets public money and they should not be using public money to promote and require mask-wearing and vaccines. This must stop.



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>REBECCA A BOERNER</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>raboerner@charter.net</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 8:14 AM</b>

**THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.**

This is my second witness statement: I support HB 2009 because I think that it is terrible to take away the rights of parents to determine the best health and medical actions to take for their children. The government shouldn't be involved in usurping parent rights. Parents are the best judges of what is best for their child. One size does not fit all. Each child is unique and special in the eyes of God. Parents are the ones best able to care for the child because of their love. Stop inserting government in between the relationship between parent and child. I would also like to say that this applies the the St. Louis Community College. Why are they still permitted to mask students and teachers? This should be done away with. There's no more need for masks.



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>REBECCA ANNE PORTER</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>babeck@swbell.net</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 8:19 AM</b>

**THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.**

In a perfect world, the language in both our US and Missouri Constitutions would be interpreted as intended and this law would not be necessary. If the last two years have taught us anything it's that the world we live in (and certainly our courts) are even further from perfect than we were previously willing to admit. I'm strongly urging passage of this bill to protect the rights of kids and parents to make their own medical decisions.



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>REBECCA HOEFT</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>becca.j.hoeft@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 7:32 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>	
COMMITTEE: <b>Downsizing State Government</b>			
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
<b>WITNESS NAME</b>			
<b>INDIVIDUAL:</b>			
WITNESS NAME: <b>REBECCA SCHENCK</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: <b>becky.schenck@yahoo.com</b>	ATTENDANCE: <b>Written</b>		SUBMIT DATE: <b>2/8/2022 9:19 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>			



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>REBECCA WHITE</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>jc_1me@yahoo.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 10:25 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

Parents should have 100% control over which vaccines, if any, are injected into their child and no school, business, medical facility should require one to access an education, a job, medical care.No more vaccines should be added to the required list to attend school.In fact, all vaccines should be optional. If a vaccine works, then there should be no reason for an unvaccinated person to have to take it, nor be ostracized for not taking it, no matter the reason for any ostracizing.I support this bill that stands for parents rights over 100% of their children's medical care and the right to refuse all vaccines for any reason.College students should not be required to vaccinate either because they also have the right to decide what is injected into their body at all times. They are adults, not slaves of any college entity.If vaccines work, there is no reason for an unvaccinated person to be ostracized for any college activity, dorm access, classroom access, services such as food, healthcare, sports, music and or all activities.I support this bill.Please stand for freedom of people to choose what they put into their children's bodies and adults deserve the same when colleg students.Thank you.





MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>REBECCA ZARSE</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>rr_zarse@yahoo.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 2:38 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**As a mother of 5 children I support this bill.**



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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COMMITTEE: <b>Downsizing State Government</b>			
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
<b>WITNESS NAME</b>			
<b>INDIVIDUAL:</b>			
WITNESS NAME: <b>REBEKAH ROBERTS</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE:		SUBMIT DATE: <b>2/9/2022 12:00 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>			



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>RHONDA K BALL</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>rhonkb2@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/8/2022 8:33 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

Health mandates of any kind go against the very basis of our constitution and mandating COVID shots is so very, very wrong and extremely dangerous for our children. Please approve HB 2009 and put parents back in control of their children's lives.



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>RICHARD GOLDSTEIN</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>rgold52@hotmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/8/2022 7:36 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>RICHARD MCKIE</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>rmckie7@comcast.net</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/8/2022 5:31 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

Unelected people in so-called health depts. should not make mask decisions regarding our children. Parents should have ultimate say-so. Vaccines are a choice for parents concerning their children. Do you have the guts to sign up for righteousness?



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>RICHARD SCHOENBORN</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:                  ZIP:
EMAIL: <b>richahar@yahoo.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/8/2022 10:10 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>RICHARD SUMMERS</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>papasummers@hotmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 1:11 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>RICHARD WAYMAN</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>wwaymlin@yahoo.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/7/2022 9:42 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		





MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>RITA LAVANCHY</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:                  ZIP:
EMAIL: <b>lavanchy.rita@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 9:23 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>ROB GEBHARDT</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>gebhardt23@hotmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 8:06 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>ROBERT ANDREW BAZZZELL</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>robbie@integritymo.com</b>	ATTENDANCE: <b>In-Person</b>	SUBMIT DATE: <b>2/9/2022 8:34 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**My child has seizures the rest of her life from mandated childhood vaccines.**



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>ROBERT BALLAY</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>gene.ballay@hotmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/8/2022 5:35 AM</b>

**THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.**

**IT IS TIME, FAR PAST TIME, TO ADD ACCOUNTABILITY AND RESPONSIBILITY AND TRANSPARENCY TO THE AGENDA PLEASE PASS HB2009 ASAP, ASAP, ASAP, ASAP HB 2009 protects children by creating legislative oversight of all childhood vaccine requirements. Unaccountable DHSS bureaucrats will no longer be able to make an end run around the legislature. That means with HB 2009 average citizens will have an opportunity to influence the process. THANK YOU**



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>ROBERT BALLAY</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>gene.ballay@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/8/2022 7:19 AM</b>

**THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.**

**IT IS TIME, WAY PAST TIME, TO GET A GRIP ON THE POWER GRABS THAT ARE TAKING PLACE PLEASE PASS THIS LEGISLATION, ASAP, ASAP, ASAP THANK YOU**



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>ROBERT LOUIS EMLING</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>bobemling@aol.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/7/2022 6:51 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**Government should not be making decisions for children. It is the parents responsibility.**



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>ROBERT NORTHCUTT</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>northcuttr@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/8/2022 1:22 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

Personal choice. Freedom.



MISSOURI HOUSE OF REPRESENTATIVES  
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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>ROBERT PORTER</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:                  ZIP:
EMAIL: <b>robertp1999@yahoo.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/8/2022 5:38 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

I believe every person has the right to decide for themselves and their children matters of health without mandates from any governmental entity. I will always choose choice, freedom and smaller government.





MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>ROBYN BAKER</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>robyn baker4@hotmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 9:31 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

I have 3 children that will attend MO schools and it needs to be a parental choice on vaccines.



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>ROBYN HAMLIN</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>birdsarewild@yahoo.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/8/2022 5:52 AM</b>

**THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.**

**Bureaucratic end runs around our legislature need to be stopped. It needs to be stopped with a lot of things that unelected people are forcing on the population.**



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>RODNEY DALE HAMMOND</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>rd.hammond.53@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 1:30 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

I believe our U. S. Constitution and MO state constitution guarantees our right as citizens to pick and choose the medical practices we decide is best for us and our children. No government entity should be able to infringe on our rights set forth in the Constitution.



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>RODNEY FARTHING</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>farthing.r@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/8/2022 11:32 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

I support this legislation, HB 2009, because I believe that it will protect children by creating legislative oversight of all childhood vaccine requirements. This will appropriately keep the parents and their legislators in a proper position of influence.



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>ROGER A. FRIES</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>rfries@socket.net</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/7/2022 9:53 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

It should be parents' decision as to which injections their children should receive.



MISSOURI HOUSE OF REPRESENTATIVES  
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COMMITTEE: <b>Downsizing State Government</b>			
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
<b>WITNESS NAME</b>			
<b>INDIVIDUAL:</b>			
WITNESS NAME: <b>RON CALZONE</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE:		SUBMIT DATE: <b>2/9/2022 12:00 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>			



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>RONALD BEEDLE</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>rbeedle42@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/7/2022 8:43 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

I am in support of HB 2009.



MISSOURI HOUSE OF REPRESENTATIVES  
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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>RONI COOPER</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:                  ZIP:
EMAIL: <b>ronikcooper@protonmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 12:21 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**A six year old boy had kidney failure after taking the shot!**





MISSOURI HOUSE OF REPRESENTATIVES  
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COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>RORY BERGMAN</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>rorybergman@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 10:58 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**I support this bill**



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>ROSE LA FOE</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>rulafoe@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/8/2022 2:55 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**No more harmful immunizations .**



MISSOURI HOUSE OF REPRESENTATIVES  
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COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>ROSE LONG</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>mrlong_inc@msn.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 2:20 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>ROSS MCELVAIN</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>libertyonlineorders@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/7/2022 10:42 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**Please pass this bill to limit bureaucratic authority of the DHSS. These folks need to meticulously enforce promulgated laws not mandates or wayward interpretations of their authority. It's time to put law back into government. These bureaucrats have more power than the legislature; reclaim your authority.**



MISSOURI HOUSE OF REPRESENTATIVES  
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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>ROXANE MAGNUS</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>roxane@capemoenterprises.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 9:52 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>RUSSELL A WALKER</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>wrussell@centurylink.net</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/8/2022 10:26 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>RUSSELL ANDERSON</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>russell1979m@yahoo.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 7:36 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>RUSTI SMITH</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>smith37545@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 3:42 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		





MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>SABRINA TESSEREAU</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:                  ZIP:
EMAIL: <b>sabrinatessereau@att.net</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/8/2022 10:16 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		



MISSOURI HOUSE OF REPRESENTATIVES  
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COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>SALLY WEBER</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:                  ZIP:
EMAIL: <b>sallyweber.mo@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/7/2022 7:58 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>SAMANTHA SCHREMP</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>samanthaschremp@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 10:27 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>SAMI GROSS</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>samigross2011@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 7:17 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>SANDRA ENO</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>lynneno@swbell.net</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/8/2022 10:55 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>SANDRA ENO</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>lynneno@swbell.net</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 11:04 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>SANDRA K. COLE</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>sandi.cole1@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/8/2022 1:51 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

I have a vaccine injured granddaughter, shes only 4 yrs old and may have to live with extremely severe eczema her whole life. Shes scared to start school because she doesn't want the other children to see her skin bleeding. Its itchy and looks horrible, once she had the MMR vaccine at 6 mos. she has not had soft baby skin since that time. She also developed life threatening allergies. Her local doctor and specialists in St. Louis agree it is likely from the vaccine. It may happen to every child but once it happens to your family you will finally see, dont wait until then, please. I urge you to support HB 2009 so we can make our own decisions on how to best protect our children.



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>SANDRA WILDE</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>livingawake@yahoo.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 10:03 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

Parents hold absolute sovereignty over their children's health. We are responsible for the outcome and care of what they are submitted to and therefore hold the right to choose what goes into their bloodstream!! Science has proven that we are already in a major decline of covid and omnicron is not impacted by the vaccine. Science has proven that covid symptoms are exactly the same as graphene oxide poisoning and the the physical impact of 5G. Science has proven that the covid tests cannot tell the difference between covid and the flu. DO NOT force your hand where your hand does not belong. Instead, spread education about how to have healthy immune systems and test for immunity!! Remember that as the vaccine injury and death rate goes up in vaccinated children there will be blood on your hands. Use your governmental power for good, not destruction!





MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
<b>WITNESS NAME</b>			
<b>INDIVIDUAL:</b>			
WITNESS NAME: <b>SARA ANN DENSON</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE:		SUBMIT DATE: <b>2/9/2022 12:00 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>			



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>SARA BARNARD</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>jeffsara@sbcglobal.net</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/8/2022 11:13 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

I wholeheartedly support this bill! It would serve to protect our medical freedoms. The health department, schools , any government officials should not have the power to mandate a vaccine for me or my children! The covid vax has now been proven to be ineffective at preventing infection and transmission. So therefore there is no need for it to be considered useful in managing public health. It is still experimental as well with many possible side effects. This bill would also ensure that exemptions are recognized , which is extremely necessarily. Vaccines are not for everyone - they can't be approached in a one- size -fits- all fashion.



MISSOURI HOUSE OF REPRESENTATIVES  
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COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>SARA MARCELLINO</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>michaelmarcellino@yahoo.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 7:54 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**I support this bill. The C19 shots should be a choice that only parents of students make, and there should not be vaccination sites on school grounds!**



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>SARA SHELEY</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>snlala78@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 4:45 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>SARAH M. GERLING</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL:	ATTENDANCE:	SUBMIT DATE: <b>2/9/2022 12:00 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>SARAH MAYER</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:                  ZIP:
EMAIL: <b>sarah.e.mayer9@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/8/2022 1:23 PM</b>

**THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.**

**DHSS bureaucrats should not be able to skirt the system and be accountable to the public, for which they serve, and infringe upon parent's rights to have a say over their children's bodies. We need this bill so that DHSS mandates must go through the legislative process.**



MISSOURI HOUSE OF REPRESENTATIVES  
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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>SARAH REEVES</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:                  ZIP:
EMAIL: <b>sarahreevesrn@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 11:53 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

I am strongly in support of this bill. I filed a religious exemption for my child when they entered Kindergarten and had to jump through so many hoops to do so. The school refused to accept my written letter as the statute states and stated I needed the form from the health department. The Boone County HD only gives out exemptions on Thursdays, I was told I had to speak with a nurse and submit my my child's name to a database. They could not tell me what that database was used for so I declined. I then called the Dept of Immunization and spoke with Lynelle Paro who also asked for my child's information to enter into a database before she would mail a form. When I inquired about the database she responded it was for "tracking purposes" but was unable to provide any more information. If a parent wants to submit a religious exemption, they should not have to jump through hoops nor should their child's information be recorded. There is no reason to collect a minor's information.



MISSOURI HOUSE OF REPRESENTATIVES  
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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>SARAH TRICKEY</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>trickeydesigns@att.net</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 12:16 PM</b>
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MISSOURI HOUSE OF REPRESENTATIVES  
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COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>SCOTT EVANS</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>evanssco4@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/8/2022 8:24 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>SCOTT MATTSON</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>scottmattson9@aol.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 7:13 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**Stop all mandates**



MISSOURI HOUSE OF REPRESENTATIVES  
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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>SEAN MELENDY</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>seanmelendy@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 7:03 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		



MISSOURI HOUSE OF REPRESENTATIVES  
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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>SHANNA GRATZER</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:                  ZIP:
EMAIL: <b>swgratzer@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 4:18 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

"This bill would change the statute to require all new additions of vaccines to the school requirement list be approved by Missouri legislature. That means the PEOPLE and our elected officials would have a voice in the process and the power would be removed from the overreaching bureaucrats at DHSS." Please leave medical decisions up to parents voicing support or dissent of legislature, not mandated by non- elected state bureaucrats!! Health decisions should be a personal choice between a parent and their medical or family health provider!!! Vaccines should always be a personal decision as many vaccines have caused irreparable damage to some children with adverse reactions and should never be mandated or even required, I'm not entirely against informed choice if the school's shared current vaccine availability and then ended with vaccines are a personal decision and we respect a parent's right to choice full stop. Please support Bill HB2009 and leave medical decisions to parents and not government bureaucrats tied to lobbyist money potentially forcing dangerous choices and removing constitutional freedoms!!!



MISSOURI HOUSE OF REPRESENTATIVES  
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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>SHARISE KING</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>scb_king@yahoo.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/8/2022 9:42 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		



MISSOURI HOUSE OF REPRESENTATIVES  
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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>SHARON JACKSON</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>sjincpottery@hotmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 7:06 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

The government system is infringing on the God given rights of parents who are the primary stakeholder in their children's life. It is an unlawful act to interfere with the life, liberty and pursuit of happiness, of any man, woman or child. The law of nature forbids this as these rights are from God and are written on the hearts of all men. The bill of rights written down in our Constitution should be a deterrent for unlawful behavior by unaccountable bureaucrats acting under "color of law". We must pass this bill even though these rights are already guaranteed in Article one of the Bill of Rights. Until such time as we the people learn to defend our rights "at law", it is apparently necessary to use redundancy through our legislature! Please pass this bill as a stopgap until such time that we the people understand our rights and how to defend them.



MISSOURI HOUSE OF REPRESENTATIVES  
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<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>SHARON MELENDY</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>scmelendy@icloud.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 9:36 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		



MISSOURI HOUSE OF REPRESENTATIVES  
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<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>SHARON PEASE</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>s.pease1221@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/7/2022 7:33 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		





MISSOURI HOUSE OF REPRESENTATIVES  
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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>SHARON WILLIAMS</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL:	ATTENDANCE:	SUBMIT DATE: <b>2/9/2022 12:00 AM</b>
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MISSOURI HOUSE OF REPRESENTATIVES  
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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>SHARRON LELLY</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:                  ZIP:
EMAIL: <b>sherryfd0823@att.net</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 7:57 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**Too many laws on the books already why keep adding instead of enforcing?**



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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>SHAUNA POGGIO</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>shaunapoggio@yahoo.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/8/2022 7:34 PM</b>
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MISSOURI HOUSE OF REPRESENTATIVES  
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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>SHAUNA SCHOENBORN</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>writeshauna@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/8/2022 10:09 PM</b>
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<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>SHAWNA COLLEY</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>shawnaljp@yahoo.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 2:48 PM</b>
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**I'm support of hb2009. Medical decisions are each individual's decision!!NOT schools, employers, clergy, not government!!!Individual and loved ones only!!!**



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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>SHEILA A KEATING</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>dandskeat@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 10:33 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		



MISSOURI HOUSE OF REPRESENTATIVES  
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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
<b>WITNESS NAME</b>			
<b>INDIVIDUAL:</b>			
WITNESS NAME: <b>SHEILA HANCOCK</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE:	SUBMIT DATE: <b>2/9/2022 12:00 AM</b>	
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MISSOURI HOUSE OF REPRESENTATIVES  
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<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>SHEILA JOHNSON</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>ibnebt@att.net</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 10:53 AM</b>
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MISSOURI HOUSE OF REPRESENTATIVES  
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<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>SHELLEY MCCOSKEY</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>sheltay1973@yahoo.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/8/2022 9:57 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**I believe I as a parent have the right to make the decisions best for my children and family. I do not need help nor do not allow aid from any other official to voice their opinion in my decision making.**



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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>SHELLY LEROY</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>leros@duck.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/8/2022 3:14 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

I support HB2009. I agree with the points outlined. Please don't sell the children for federal dollars. Perhaps there are better ways to get new band uniforms than money from the federal govt. The vaccines are not working and they are harming people. Please spend time watching Wisc. Senator Ron Johnson's five hour discussion with medical and legal people, and citizens telling truth about the dangers of the covid-19 vaccine. It is harming many people. Please watch, on Rumble.com , search Senator Ron Johnson. Particularly damning to the vaccine is Tom Renz's testimony regarding the military. Children are at minimal risk of getting a serious case of COVID-19 and they aren't spreading it. Many studies are providing this evidence. Thank you for reading this.



MISSOURI HOUSE OF REPRESENTATIVES  
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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>SHERI AGLER</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>sheriflowers25@hotmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 9:15 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**I believe that it should be a parents decision to vaccinate their children. No government state or federal should have any say.**



MISSOURI HOUSE OF REPRESENTATIVES  
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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>SHERI KUNIN</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>hosselkus5@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/8/2022 10:49 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**Disgusting.. The Federal Government needs to stop bribing our Missouri Counties when it comes to the medical care of our states children. It is none of their business and these medical decisions should be left up to Parents of the children in our state.**



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>SHERI LAMMERT</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>lammertfam@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 1:49 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>SHERRI ADAMS</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>cakers113@yahoo.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 9:58 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**Parents first. Always.**



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>SHERRY KUTTENKULER ARTHAUD</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>mrssk.kuttenkuler1@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/7/2022 10:15 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**As a citizen of Missouri, a mother, and a grandmother it is time to take measures to protect our children.**



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>SHERRY L VARGAS</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>sherryvargas64@yahoo.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 12:08 PM</b>
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MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>	
COMMITTEE: <b>Downsizing State Government</b>			
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
<b>WITNESS NAME</b>			
<b>INDIVIDUAL:</b>			
WITNESS NAME: <b>SHERYL A CURRIER</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE:		SUBMIT DATE: <b>2/9/2022 12:00 AM</b>
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MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>SIDNEY ESTES</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>s.dru@att.net</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 8:47 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

I support this bill. This should be a PARENT choice for this vaccine. This is very unlawful!!!! Thank you Sidney Estes



MISSOURI HOUSE OF REPRESENTATIVES  
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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>SILVIA PALETTA</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:                  ZIP:
EMAIL: <b>spaletta09@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 10:32 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		



MISSOURI HOUSE OF REPRESENTATIVES  
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COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>BUSINESS/ORGANIZATION:</b>		
WITNESS NAME: <b>SKY HUDDLESTON</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME: <b>LIBERATOR LLC</b>		TITLE:
ADDRESS:		
CITY: <b>BOURBON</b>	STATE: <b>MO</b>	ZIP: <b>65441</b>
EMAIL: <b>smhuddleston@rocketmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/7/2022 8:09 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**Fuck covid, the mandates are dumb, restrictions can fuck off. Freedom first motherfucker.**



MISSOURI HOUSE OF REPRESENTATIVES  
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COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>SONIA POTTS</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>rjp12@centurytel.net</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/8/2022 8:11 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>SONJA DERBOVEN</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:                  ZIP:
EMAIL: <b>sderboven@yahoo.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 12:47 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**No one should be forced to inject themselves with a vaccine to participate in society. And parents should have the right to direct their child's health decisions, not the government.**



MISSOURI HOUSE OF REPRESENTATIVES  
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COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>SOPHIA O'NEAL</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:                  ZIP:
EMAIL: <b>sophia.oneal@protonmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 11:38 AM</b>
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**I support the constitutional and natural rights for parents to make the best health choices for their own children. Children belong to parents, not the state, and parents should be the only and final authority over these decisions about health for themselves and their children!**



MISSOURI HOUSE OF REPRESENTATIVES  
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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>SOPHIE FRIESEN</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>sfriesen0605@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 8:24 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		





MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>SRILDIA DEVINE</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>shelley.devine@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 9:46 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**I support this bill.**



MISSOURI HOUSE OF REPRESENTATIVES  
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COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>STACI ENGLAND</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>staciengland@att.net</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 3:52 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

As an RN and former Educator in Missouri, I believe Parents are the only people that should be able to say which immunizations their children receive. Schools, DHSS, businesses should not be able to mandate this. If a new one is added to the schedule, it should be legislated, at minimum, after honest attempt to review all data with regard to efficacy over time and not just made up numbers touted by CDC and proponents of the drug companies making the vaccines. Administration should Never be based on EUA or by other authoritarian means. Vaccines are a personal choice because there is no reversal after injection into the body. I support the purposes of HB2009 to provide parameters by which further decisions are made.



MISSOURI HOUSE OF REPRESENTATIVES  
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COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>STACI LEVAN</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>slevan2211@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 5:17 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

Healthcare is NOT a one size fits all & individuals should have the liberty to make decisions regarding their own health & that of their children. A forced mandate regarding any vaccination/medical procedure, etc is unconstitutional & goes against the tenants upon which our forefathers built this country. As a free people we are never to be denied our right to choose which vaccines/medicines we take, what medical procedures we undergo, or what treatment protocol we prefer. Therefore, I support this bill & pray that it gets passed.



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>STACY AUSTIN</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:                  ZIP:
EMAIL: <b>stacyaustinstl@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 9:02 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

Healthcare decisions should remain a parental decision.



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>STANLEY STROPE</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>stanley.strope@att.net</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/7/2022 7:41 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>STANLEY STROPE</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:                  ZIP:
EMAIL: <b>stanley.strope@att.net</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/8/2022 5:50 AM</b>
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MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>STEPHANIE DIESTELKAMP</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>diestelkamps@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 1:14 PM</b>

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**I fully support parents rights and freedoms. This is a no-brainer to pass and protect freedom; even though our freedoms are outlined in the U.S. Constitution!**



MISSOURI HOUSE OF REPRESENTATIVES  
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TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>STEPHANIE GERHARD</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>sgerhard5286@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 8:35 PM</b>

**THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.**

I would like to start by saying that I do not believe that anyone should be required to provide a vaccine exemption form of any kind in order to be permitted to participate in things that our tax dollars fund. We should be able to simply refuse anything that we do not believe is good for us or the members of our families. That being said, exemptions are in fact currently required for unvaccinated children to attend school. Those unvaccinated children with vaccine exemptions on file with their school district are also treated differently when or if an illness (that there is a vaccine on the market for) arrives within a certain number of miles of the school or in the building, which shouldn't be happening. These children are typically not allowed to come to school during that time simply because they have not obeyed and gotten the vaccine (which rarely works) and must remain at home for extended periods of time. At minimum a parent or guardian should be able to choose whether to vaccinate their child or not, based solely on what they deem good and acceptable for their children. HB 2009 would allow parents the freedom to truly choose. As of right now, we are TOLD that we can choose; however, that is not the case. Yes, we may be able to refuse a vaccine at the doctor's office, but are we truly allowed to choose if in turn our children can't attend school? Are we truly allowed to choose if we must fill out forms as if to almost be asking permission from the government to be the parents and decision makers for our children? Are we truly allowed to choose if our doctors and pediatricians can refuse care (which they do) and fire us as patients (which they do) if we choose the option that doesn't make them money? HB 2009 is a good start at allowing the parent to be the parent again and make these personal decisions regarding vaccines. Parents know best. Furthermore, there should be no personal questions ever asked if a parent says no. A parent should not need to fill out a specific "religious exemption" or "medical exemption". NO MEANS NO. The state of Missouri could use a whole lot more education surrounding vaccines and what they actually did and didn't do for the population in years past. For now we would settle for just being allowed to make choices for our children because our children are ours, not the property of doctors, school boards and other staff, or the government without fear of losing basic places in society. My son began having febrile seizures a couple of weeks after his first vaccine. The doctor did not admit that the vaccine did that (because they rarely ever admit that), but I'm his mom and I KNEW. Given current requirements I would not be able to get a medical exemption because my doctor and no other doctor will say it caused his seizures. So, I'm just supposed to give my child numerous amounts of the same thing that I know caused him medical problems just so he can go to a public school that we've already paid for via taxes??? This is cruel, unacceptable, and completely ridiculous. Where there is risk (which vaccines have), there must always remain choice. Period.





MISSOURI HOUSE OF REPRESENTATIVES  
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COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>STEPHANIE PERRY</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>stephanieperry@live.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/8/2022 11:37 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**Please, no more dead or injured children. I honestly thought we already had laws to protect us from medical tyranny. How can you stand to watch grieving fathers and mothers like Ernesto Ramirez and Stephanie de Garay? I can't. Google Geneva Switzerland Pfizer coffins of families' dead children. Children are dying senselessly and needlessly all over the world.**



MISSOURI HOUSE OF REPRESENTATIVES  
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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>STEPHANIE TAYLOR</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>violincoach42@yahoo.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/8/2022 8:11 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**I support this.**



MISSOURI HOUSE OF REPRESENTATIVES  
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<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>STEPHANIE TRAPP</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>smtrapp79@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/8/2022 10:47 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>STEPHANIE WEIGHT</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>stephanie.weight@yahoo.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 1:29 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>STEPHANIE ZENSEN</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>szensen22@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 12:14 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>STEVE BLACK</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL:	ATTENDANCE:	SUBMIT DATE: <b>2/9/2022 12:00 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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COMMITTEE: <b>Downsizing State Government</b>			
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
<b>WITNESS NAME</b>			
<b>INDIVIDUAL:</b>			
WITNESS NAME: <b>STEVE GUMPENBERGER, DC</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: <b>sgumpdc@gmail.com</b>	ATTENDANCE: <b>Written</b>		SUBMIT DATE: <b>2/9/2022 11:49 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>			

It is highly unethical and a violation of an individuals medical rights and bodily autonomy to "force" or "coerce" someone into taking an unproven and still experimental vaccine, or any other vaccine. No local or state health department should have the authority to unilaterally change vaccine requirements for adults or school age children. Decisions regarding one's own health should be at the sole discretion of the individual and only after proper informed consent is given. I support HB 2009 and feel any changes to vaccine requirements for school aged children should require legislative oversight AND public debate. Any politician receiving campaign contributions from pharmaceutical companies and/or their lobbyists should automatically be denied input on this matter.



MISSOURI HOUSE OF REPRESENTATIVES  
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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>STEVE MOORE</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>steve@ozarkccw.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/7/2022 7:59 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**We don't need mandates, we need freedom!**





MISSOURI HOUSE OF REPRESENTATIVES  
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COMMITTEE: <b>Downsizing State Government</b>			
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
<b>WITNESS NAME</b>			
<b>INDIVIDUAL:</b>			
WITNESS NAME: <b>STEVE NIENHISER</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE:		SUBMIT DATE: <b>2/9/2022 12:00 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>			



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>STEVE SCHROEDER</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>steve_schroeder@micoks.net</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/7/2022 8:15 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>STEVE SPEARS</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>skmspears@hotmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/8/2022 8:16 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

I strongly support this bill. Ultimately it is and should be a parent's decision which medications and medical interventions to which their children are exposed or participate in. I support any action that government can take to enshrine and codify into law that parents and individuals have the ultimate freewill decision related to medical interventions. At a minimum medical interventions should only be enacted through a vote by elected representatives who can be held accountable for their vote, and there should always be an exemption available. These impositions should not be decreed by un-elected individuals within any governing body.



MISSOURI HOUSE OF REPRESENTATIVES  
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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>STEVE WOLFROM</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>hoolf@yahoo.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/7/2022 7:02 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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COMMITTEE: <b>Downsizing State Government</b>			
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
<b>WITNESS NAME</b>			
<b>INDIVIDUAL:</b>			
WITNESS NAME: <b>STEVEN HINTON</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE:	SUBMIT DATE: <b>2/9/2022 12:00 AM</b>	
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>			



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>STEVEN SHERROD</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>Stvsherrod@yahoo.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/8/2022 5:33 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**I support this bill! It gives the rights back to us parents. No entity should be able to force a untested vaccine on children.**



MISSOURI HOUSE OF REPRESENTATIVES  
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COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>SUSAN BRANDON</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>brandonfarm@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/8/2022 8:00 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>SUSAN SANSONE</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>susan.2104s@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/8/2022 7:19 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

I am an educator and a mother of six children. I oppose schools mandating Vaccines in children. Parents should be allowed to make Medical decisions for their children, like what substances are injected into their bodies. No one should have to choose between a forced vaccine or an education. With more forced measures like vaccines it makes one wonder where it will stop. What else will the government force on children in order to attend school?





MISSOURI HOUSE OF REPRESENTATIVES  
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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>SUSAN SCHRADER</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>steven.sue98@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/8/2022 2:22 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>SUSAN TAYLOR</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>taylor27@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/8/2022 6:35 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

I support HB2009 because there needs to be more oversight and accountability for the decisions made concerning our children's health. This has been made more evident by the recent immunization mandates. No unaccountable beaurocrat should have the sole authority to implement such wide ranging and potentially life-altering decisions.



MISSOURI HOUSE OF REPRESENTATIVES  
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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>SUSAN TAYLOR</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL:	ATTENDANCE:	SUBMIT DATE: <b>2/9/2022 12:00 AM</b>
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MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>SUSANNE BOEHM</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>sboehm1977@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/7/2022 7:35 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**My daughter is asthmatic. Every day she falls asleep in school due to the mask policies currently and illegally going on in her school district. She also comes home every day to take a nap. She is depressed and getting more sickly everyday. Her grades have dropped from A/B honor roll in a GIFETED academy she had to test to go to. She loves school, LOVES to learn but these vaccines are killing kids. My daughter also was born with a heart murmur. THESE vaccines would most likely kill her. I would rather treat my daughter for an illness that is 99.99999% curable than shop for a coffin. This goes for any vaccine that is on the market. No medication nor vaccine is one size fits all. My daughter, nor any child should have to choose between a love of learning and knowledge and their lives. Neither should a parent. For this parent there is no contest I will choose Life.**



MISSOURI HOUSE OF REPRESENTATIVES  
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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>SUZANNE BIAS</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>suzannebias@sbcglobal.net</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/8/2022 4:54 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**Parents not bureaucrats should make healthcare(vaccine) decisions for their children. No to government mandates.**



MISSOURI HOUSE OF REPRESENTATIVES  
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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>SUZANNE CRONIN</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>eclecticconfetti@hotmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/7/2022 10:41 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**Please restore freedom in all its forms. Do not impose this vaccine mandate on any of this countries citizens.**



MISSOURI HOUSE OF REPRESENTATIVES  
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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>SUZANNE MORAN</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>suzyqmoran@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 12:14 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

I am in support of HB 2009 - Pollock - IMMUNIZATIONS. I was forced into counseling with a nurse before the school excepted our religious exemption and the Health Department would hand over an exemption card. My child could not attend school until I went to this counseling session. The one thing required of me by law was my statement in writing declaring religious exemption but they would not take it. This is coercion which is against our Constitutional rights.



MISSOURI HOUSE OF REPRESENTATIVES  
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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
<b>WITNESS NAME</b>			
<b>INDIVIDUAL:</b>			
WITNESS NAME: <b>SUZANNE PATTERSON</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: <b>gsepatterson@gmail.com</b>	ATTENDANCE: <b>Written</b>		SUBMIT DATE: <b>2/9/2022 12:26 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>			





MISSOURI HOUSE OF REPRESENTATIVES  
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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>SUZANNE RENARD MAKAREWICZ</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL:	ATTENDANCE:	SUBMIT DATE: <b>2/9/2022 12:00 AM</b>
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MISSOURI HOUSE OF REPRESENTATIVES  
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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>SVETLANA RUSCHEVA</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>svraytcheva@yahoo.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 8:40 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		



MISSOURI HOUSE OF REPRESENTATIVES  
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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>TAMMY PALISCH</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>tammypalisch@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 8:09 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

I am in support of this bill.Thank you



MISSOURI HOUSE OF REPRESENTATIVES  
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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>TANYA CATO</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:                  ZIP:
EMAIL: <b>kuraylu@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 7:37 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**I strongly support HB 2009.**



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>TANYA LYNN VITALE</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>v.lynn69@yahoo.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 7:51 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

I (my child) has been discriminated due to a lack of vaccinations, and our religious freedom is being demolished.



MISSOURI HOUSE OF REPRESENTATIVES  
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COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>TARA NIELSEN</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>tlnielsen84@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 11:36 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

I fully believe that no one should be forced to vaccinate, be judged if they choose not to vaccinate, follow a different vaccine schedule for whatever reason, and or be forced to provide proof of such vaccinations. Parents are given the responsibility to make decisions in the best interest of their children. Forcing citizens to inject chemicals into their bodies or that of small children is not up to anyone but parents/informed adults. Children are minors, who are not educated to make such complex choices that can affect their entire lives. The full responsibility lies with parents not the government. This bill needs to be passed to help protect the sanctity of families who truly want the best for their children, without fear of being labeled abusers, or bad parents because of refusal to follow the data that is ever changing. Forcing citizens by coercion is totalitarian behavior and absolutely unconstitutional. This is AMERICA and we are not going to be silent anymore. We will continue to fight for our children, our family rights and most importantly democracy!



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>TED CARTER</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>ccford70@aol.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 4:21 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

I agree with this bill because, I pay for EDUCATION through my taxes. THE SCHOOL OR THE GOVERNMENT HAS NO RIGHT TO INCORPORATE THEIR POWER INTO MY CHILDS HEALTHCARE! They are to educate, which by the way they are doing a very poor job of as of recent. My kids haven't had any instruction on spelling, the school said they will learn it by reading it enough times!!! These students will not know how to sign their name as an adult. The Nixa Junior High took my son out of woodshop and put him in a class called "talk to learn, learn to talk" What is this? and why? I had to fight to get him out of a class of which he was put in without my knowledge or consent. Where has shop class gone?The bottom line is what makes the school/government think they can take control of my child's health decisions, Yet not assume any financial responsibility for that mandated decision??? ?There are so many ethical questions here, that it is absurd! My question would be, should we opt out of their "requirements" Can we then remove our funds? I mean why are we taxed to fund a school, of which we choose to opt out of their unethical mandates. Where there is risk there should ALWAYS BE CHOICE! This is unethical on many levels, it is theft, it is child abuse, it it is a religious discrimination. Lastly, for the parent's that want to vaccinate, I hold no discrimination against them...even though they could potentially shed that disease to others, including staff who are not considered current. The school and the government should have no qualms about unvaccinated children if they trust that the vaccine works! If they DON'T trust that the vaccines work, then why are we taking them to begin with? I mean all those vaccinated should be covered, all good, right? Where has the logic gone? No one should be discriminated against because they don't want to follow the masses. This is a religious and a medical decision for our family. I highly doubt most people realize that aborted fetuses are being dissected alive to get the perfect specimen for the live virus to grow.. in the vaccines. Are the children being injected repeatedly with male DNA or female DNA? Likely both, multiple times...common sense says this is a red flag, just think about what mixing DNA of opposite sex might do! Time and time again!Furthermore, I am tired of the school constantly contacting me to update my existing exemption, State laws outline our rights, yet the schools always push those limits EVEN when I email them the State laws and how they are abusing their authority. The schools are also constantly trying to get the parents to sign up for their school clinic, so the children can be seen at school. I do not want the school having access to my children's medical records and frankly I am tired of getting their emails about "missing information" I will take my children to their doctor, if they need to go. I just can't even imagine what might happen if schools were given the OK to give these kids whatever they want to give them through their onsite clinics. They need to focus on education, period! Doctor's have told us they will not see our children if we don't keep them on the vaccine schedule, when we choose to opt out, we have to go through a whole session of coercion, fear tactics and threats that our children won't be able to attend schools...which is a blatant lie!My son became Autistic after his vaccines at 2.5yrs old, it was sudden and no question as to what happened to him. No one wants to take responsibility for that!

Nothing to see here, not my problem! I support this bill over and over again!! We have had to seek out multiple doctors because we are discriminated against for not wanting to further damage our children!! FUN FACT! Guess where the US children rank on "well being?" The rankings were published by the United Nations Children's Fund, known as UNICEF, which show that of 38 advanced countries for which data was compiled in a range of wellness markers, the United States was No. 36. I find this very interesting! I support this bill because these are MY CHILDREN to make medical decisions for. I am paying for a service through taxation, CALLED EDUCATION! I expect it to be JUST THAT, curriculum. I would suggest our taxes be revamped to incorporate "school choice" if they want to start being more than an educational facility. College students should have the ability to choose what is best for themselves as well. We as adult, human beings should have the right to determine what is injected into our bodies!!!! AT ALL TIMES IN EVERY SITUATION. The constitution is VERY VERY CLEAR!! Why have we given so much power to these entities! Greed!!





MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>TEDI PAYNE</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>tep242s@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 1:13 PM</b>

**THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.**

**Please support this bill. There is no reason this should be mandated for our children. There will be no more public schools if this vaccine is mandated, I will pull my kids along with thousands of other parents. This bill needs to be passed!**



MISSOURI HOUSE OF REPRESENTATIVES  
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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>TERESA JENSEN</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>tess59stevens@yahoo.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 10:39 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo. IN SUPPORT of this bill!!</b>		



MISSOURI HOUSE OF REPRESENTATIVES  
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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>TERESA MOSS</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL:	ATTENDANCE:	SUBMIT DATE: <b>2/9/2022 12:00 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>TERESA STONE</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:                  ZIP:
EMAIL: <b>tomnterri85@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/8/2022 9:10 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**Elected officials, not unelected bureaucrats, should have a say as to required immunizations. We elect the officials to speak on our behalf. Bureaucrats are appointed and do not answer to the people.**



MISSOURI HOUSE OF REPRESENTATIVES  
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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>TERRI HAYS</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL:	ATTENDANCE:	SUBMIT DATE: <b>2/9/2022 12:00 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		



MISSOURI HOUSE OF REPRESENTATIVES  
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COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>TERRY HENDERSON</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>mofirearmsco@yahoo.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/8/2022 5:25 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>TERRY SWARD</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>terry.sward@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/8/2022 12:49 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

I very much am in support of thus bill to limit immunizations for our children as well as adults. Especially immunizations that have not had proper testing and also involve unborn children in their testing.



MISSOURI HOUSE OF REPRESENTATIVES  
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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
<b>WITNESS NAME</b>			
<b>INDIVIDUAL:</b>			
WITNESS NAME: <b>THERESA COLLINS</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE:	SUBMIT DATE: <b>2/9/2022 12:00 AM</b>	
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MISSOURI HOUSE OF REPRESENTATIVES  
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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
<b>WITNESS NAME</b>			
<b>INDIVIDUAL:</b>			
WITNESS NAME: <b>THOMAS MAKAREWICZ</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE:		SUBMIT DATE: <b>2/9/2022 12:00 AM</b>
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<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>THOMAS MELENDY</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>melendyo@aol.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 9:23 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

The government should be for the people and by the people so we the people have a say. I'm opposed to giving my rights into the hands of a body where I have no say. The health department does not represent my views on vaccination so I cannot support this bill.



MISSOURI HOUSE OF REPRESENTATIVES  
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<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>THOMAS WHITBY</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>tom_whit@yahoo.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/7/2022 10:51 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		



MISSOURI HOUSE OF REPRESENTATIVES  
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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>TIFFANY CLANCY</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>tmoclancy@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 2:05 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

I am in support of this bill.



MISSOURI HOUSE OF REPRESENTATIVES  
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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>TIFFANY HEGGEMANN</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>tiffanyheggemann@yahoo.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 12:23 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		



MISSOURI HOUSE OF REPRESENTATIVES  
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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>TIFFANY ROCHE</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>tiffwood02@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 6:27 PM</b>

**THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.**

**Thank you for allowing us the right to make decisions we feel for best for our families and our children.**



MISSOURI HOUSE OF REPRESENTATIVES  
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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>TIFFINI SEMKIN</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>tiffinisemkin@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 9:04 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**All children and parents should have rights to their own body's and refuse to take part in an experimental vaccine or any vaccine if they don't feel that is right for their own body! We are not a one size fits all society! Go to the VAERS website to see all the clear data that this and many mandated vaccines are hurting us and our children.**



MISSOURI HOUSE OF REPRESENTATIVES  
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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>TIM BARTIN</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>culturing2live@yahoo.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/8/2022 5:32 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		





MISSOURI HOUSE OF REPRESENTATIVES  
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COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>TIMOTHY BROCKELBANK</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>mbrockelbank@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/8/2022 7:41 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

The gene therapy shot erroneously called the "vaccine" neither protects the recipient from catching the disease nor from spreading it, and it is particularly ineffective for the Omicron variant, but it does have a significant probability of causing cardiovascular and neurological issues short term and who knows what long term damages will turn up! The idea that people of conscience could press children to take this is unbelievable! Children have a minuscule risk of severe illness from this virus!! Please stop this madness.



MISSOURI HOUSE OF REPRESENTATIVES  
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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>TINA MCCARTHY</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>tinamccarthy11@yahoo.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 6:09 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**My daughter cannot attend her class trip for the Orchestra class as they have required all students to have received the covid-19 "vaccination". This goes against her Constitutional rights to decide what is put into her body. It is also now known, that vaccination does not prevent covid nor does it prevent someone from spreading covid. There is no proof this vaccination is safe. No long-term studies and too many adverse reactions. In addition, her rights are being violated for having to show proof of vaccination. Medical records are private and making them mandatory is unlawful. The Missouri statute needs to align with the Missouri constitution.**



MISSOURI HOUSE OF REPRESENTATIVES  
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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
<b>WITNESS NAME</b>			
<b>INDIVIDUAL:</b>			
WITNESS NAME: <b>TOBY STOUT</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE:		SUBMIT DATE: <b>2/9/2022 12:00 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>			



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>TONI HART</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:                  ZIP:
EMAIL: <b>tonigirl1220@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/8/2022 10:11 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**We don't need school bribing and enforcing vaccination in schools, parents and citizens need to be in control, they are working for us "We the tax paying citizens"! Enough is Enough !**



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>TRACEY TYSON</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>Trustedtouch@yahoo.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 5:38 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**Support this bill**



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>TRACI CANBY</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>canbyfam@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 7:44 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

The vaccine schedule for children is out of control. 16 vaccines and many with multiple doses. What started out as "for the greater good" has become about the dollar. Parents should have a voice in what gets injected into their children. Please protect the rights of parents and children to have religious and medical exemptions.



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>TRACY FORKER</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:                  ZIP:
EMAIL: <b>jandtforker@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 10:37 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**Vaccine exemptions need to be easily obtained, especially for religious exemptions as this is a constitutionally guaranteed right. Vaccination should also be between a physician and patient**



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>TRACY KEMP</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>tbkemp2009@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/8/2022 7:31 PM</b>

**THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.**

Parents have the sole right to choose what medical treatments they seek for their children, not the government.





MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>TRACY MCNALLY</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>corrinmc77@yahoo.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 7:01 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**I support this bill.**



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>TREASA HENRY</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>summerdaze386@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 10:37 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>TRICIA LAVIN</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>tricialavin15@yahoo.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 9:36 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>TRISH MITCHELL</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:                  ZIP:
EMAIL: <b>tamitch1@msn.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 6:18 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**I support this bill.**



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>TYNA LUKITSCH</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>tmlukitsch@live.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 2:49 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>URIAH STARK</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>missourila97@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/7/2022 10:57 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>VALERIE JO STONER</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL:	ATTENDANCE:	SUBMIT DATE: <b>2/9/2022 12:00 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>VALERY WRIGHT</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>valerylouise@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 7:48 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

I am in support of this bill because I believe immunizations should not be mandated and exemptions should be allowed.





MISSOURI HOUSE OF REPRESENTATIVES  
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COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>VANESSA HAGEDORN</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>Nessahagedorn@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 12:15 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>VERONICA KUSCHEL</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:                  ZIP:
EMAIL: <b>veronicakuschel@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 12:10 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>VICKEY FRITZ</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>vjh0507@yahoo.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 7:00 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>VICKI LEUTHER</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>pvl@familywc.org</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/8/2022 4:47 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>VICKIE DARLENE HEADY</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>vicihdy1@aol.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 11:52 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>	
COMMITTEE: <b>Downsizing State Government</b>			
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
<b>WITNESS NAME</b>			
<b>INDIVIDUAL:</b>			
WITNESS NAME: <b>VICTORIA HOWERTON</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: <b>senorasilvermouse@yahoo.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 12:31 AM</b>	
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>			

I am an RN in an adolescent care facility, but I speak for myself. In 1986 federal lawmakers naively, stupidly, guaranteed pharmaceutical companies that they would never have to pay damages for childhood vaccine injuries. Predictably, the number of childhood vaccines skyrocketed and pharmaceutical profits did, too. The CDC receives healthy commissions from vaccine sales and has been captured by Big Pharma. Whatever Big Pharma wants, the CDC falls in line, even if it means redefining the term “vaccine” to include genetic therapy. Even if it means recommending COVID injections for babies and toddlers. (And anyone who doesn’t expect that to happen is blind, dumb, or lying.) In the year 2022, America’s children are cash cows for the pharmaceutical companies, and America’s unelected bureaucrats eagerly transport them to the stockyards. Missouri Legislators **MUST** intervene in this medical tyranny. State and county Health Departments putatively have their own authority and could make their own independent decisions, but they simply rubber stamp CDC recommendations. Missouri is no exception. Missouri legislators have the ethical responsibility to immediately withdraw bureaucratic oversight of the vaccine schedule for minor children and students of higher education. Absolutely no more vaccines should be added without a public hearing, a vigorous legislative debate, and a vote. Frankly, the entire vaccine schedule should be revisited. Furthermore, Missouri has no right to mandate that private schools follow public school vaccine guidelines. And every parent has the right to opt out of these vaccine guidelines for their children if they conflict with their religious values or with a conscientious objection they have. Adults who attend colleges and universities **MUST** also have the right to conscientiously object. If Missourians do not have complete control over our own bodies and our children’s bodies, we are slaves. A related item in this House Bill is the ridiculous notion that university students who live OFF campus in private housing can be considered as living ON campus in order to force them into vaccination. Those are the kind of rules verging on the illegal that are made by bureaucrats to satisfy their desire to **RULE** and to **DIRECT** and to **CONTROL**. Put an end to this bureaucratic abuse, Legislators. Missourians and their children are counting on you!



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>VIRGINIA C CAMPBELL</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:                  ZIP:
EMAIL: <b>yeowscotts@yahoo.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/7/2022 10:51 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

Total overreach by the government to mandate immunizations. This must not be allowed, therefore I support HB 2009. Thank you



MISSOURI HOUSE OF REPRESENTATIVES  
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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>WAYNE G. SCHAEFFER</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:                  ZIP:
EMAIL: <b>wildwoodschaeffers@yahoo.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/7/2022 7:52 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**We need to protect freedom. We do not to kill our children. Government should not displace parents.**





MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>WAYNE GROPPE</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:                  ZIP:
EMAIL: <b>waynegroppe@yahoo.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 9:00 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>WENDELL E. BROWN</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>brownwen@aol.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/7/2022 8:14 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

I believe it is unconscionable that non-elected bureaucrats should ever be allowed to make decisions overriding parental decisions concerning their individual children. Such a situation is contrary to the precepts of freedom embodied in the Constitution of the United States, and should be for the Constitution of the State of Missouri as well.



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>WES POWELL</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>wes@dpcareclinics.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/8/2022 8:46 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**We have absolutely lost control of personal Liberty in this area.**



MISSOURI HOUSE OF REPRESENTATIVES  
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COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>WESLEY HALEY</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:                  ZIP:
EMAIL: <b>mary.haley1@live.ca</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 10:33 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

I Wesley Haley am in support of HB 2009 for is V ability to protect the ability of parents to make health decisions concerning vaccination for their children, to allow college age kids to be make their own vaccination decisions for their own bodies without fear and to protect our children from vaccines being added to their mandatory school vaccination schedule without first being passed by elected officials through legislation. This is a very important bill to protect our children, to give them a voice and and choice.



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>WESTON D. ASH</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>westonash@att.net</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/8/2022 4:23 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>WHITNEY HICKENBOTTOM</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>whitneyhickenbottom7@yahoo.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/7/2022 9:48 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**It's not correct that unelected individuals of the DHSS have the power to place vaccine mandates for school children! I support this bill to protect our children and keep the power of the DHSS in check!**



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>WHITNEY MANFORD</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>whitneymanford@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 2:30 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**It is imperative we pass HB2009. I am in favor 100%!**



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>WHITNEY SESSIONS</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>mommysessions86@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 9:49 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

It's our right to chose what best for us and our children and I believe that the good Lord knows what's best which is our immune systems! CDC recently updated estimated infection fatality rates for COVID. Here are the updated survival rates by age group:0-19: 99.997%20-49: 99.98%50-69: 99.5% 70+: 94.6% Why would you vaccinate your kids when they have a immune system and a survival rate like this???? There is no need! Please let it be the parent's decision to do what they believe is best for them and their children! I'm all for do what's best for you but please don't force something on others if they believe differently. I'm all for freedom of choice! Thank you and God Bless





MISSOURI HOUSE OF REPRESENTATIVES  
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BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>WILLIAM EBELER</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>jebeler@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 10:35 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**I support this bill.**



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>WILLIAM JUD</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:	STATE:	ZIP:
EMAIL: <b>williamjud@hotmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/8/2022 8:53 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

Forced immunizations, "shots", are a political corruption of medical practice, particularly as applied to the use of untested experimental materials to immunize groups such as young children in which a disease such as COVID has extremely low prevalence and very few health effects. Federal law requires new drugs to undergo years of rigorous testing before release for general use. COVID injectable medicines have NOT been through that long-term testing process and are used under Emergency Use Authorization. This also violates the Nuremberg Code prohibition of mandatory medical testing of new medicines on a general population. What might happen? We don't know. That is the reason for long-term testing. The VAERS (Vaccine Adverse Events Reporting System) that keeps track of problems with new medicines is FLOODED with reports of bad outcomes to the point that VAERS is enormously backlogged. The real, long-term, public health disasters could begin appearing 5 - 10 - 15 years in the future, far too late for cure to be possible. We saw this situation before with the untested release of Thalidomide, a drug that caused MASSIVE damage to unborn children during early pregnancy. Let's not make the same mistake with COVID shots. NATURAL IMMUNITY works best in nearly every case, particularly in very low-risk populations such as children.



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>YELENA DUMAY</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>biterrussian@charter.net</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 10:57 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>ZACH PETERS</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>zach.peters@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 10:34 AM</b>
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**I fully support this bill!**



MISSOURI HOUSE OF REPRESENTATIVES  
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COMMITTEE: <b>Downsizing State Government</b>			
<b>TESTIFYING:</b> <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
<b>WITNESS NAME</b>			
<b>INDIVIDUAL:</b>			
WITNESS NAME: <b>ALEXANDER HOVER, MD</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE:	SUBMIT DATE: <b>2/9/2022 12:00 AM</b>	
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>			



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>BUSINESS/ORGANIZATION:</b>		
WITNESS NAME: <b>ALI HILTON</b>	PHONE NUMBER: <b>816-651-4262</b>	
BUSINESS/ORGANIZATION NAME: <b>NURTURE KC</b>	TITLE: <b>PROGRAM DIRECTOR OF MID AMERICA IMMUNIZATION COALI</b>	
ADDRESS: <b>1111 W. 39TH ST. ST. 100</b>		
CITY: <b>KANSAS CITY</b>	STATE: <b>MO</b>	ZIP: <b>64111</b>
EMAIL: <b>ahilton@nurturekc.org</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/8/2022 9:55 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

February 8th, 2022 Written Testimony in Opposition to HB 2009 Chairman Ben Baker and members of the Downsizing State Government Committee, Thank you for allowing me an opportunity to provide written testimony in opposition to House Bill 2009. My name is Ali Hilton and I am the program director for the Mid America Immunization Coalition (MAIC), a program of Nurture KC. MAIC serves a five-county area in Kansas City that includes Jackson, Clay and Platte Counties. MAIC is comprised of community members and the public health sector, providing education and advocacy on the lifesaving importance of being immunized. HB 2009 sets a precedent that would unravel the critical work that has nearly eradicated diseases like polio, hepatitis, measles, mumps and rubella. If children are not vaccinated against easily preventable disease, schools become places for increased infection. In addition to the immediate health impact, there would be a disruption to the learning environment as well as an undermining of schools as a safe place for students. Decades of evidence proves the efficacy of these vaccines and current exemption processes are sufficient for those who should not be vaccinated. Expanding exemptions and discounting evidence and the public good takes us backward in protecting our children from preventable disease. Particularly for immunocompromised children, we must follow a culture of health that reduces their exposure to illness. Another provision in HB 2009 mandates the Missouri Department of Health and Senior Services to facilitate exemptions through its web site. This runs counter to the charge of the agency in preventing disease. It also sends a mixed message to Missourians who rely on MODHSS for factual, evidence-based leadership, potentially sowing doubt on the efficacy and safety of vaccination. Vaccines are vital to disease prevention, alleviating much suffering and death. Let's continue to protect our children and communities by rejecting measures that dilute that impact against disease. Let's not undo the progress and foresight of previous generations who experienced these deadly diseases and created systems to ensure that would never happen again. Thank you for your consideration of this important issue. Thank you, Ali Hilton



MISSOURI HOUSE OF REPRESENTATIVES  
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<b>TESTIFYING:</b> <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>AMANDA KNITTEL</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>aknitte1914@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 5:46 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>AMANDA URICK</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>amanda.urick@yahoo.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 6:29 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		





MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>AMY ALAIWAT</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>amylaiwat@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 1:17 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**This is experimental and I do not want it forced on my children!**



MISSOURI HOUSE OF REPRESENTATIVES  
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<b>TESTIFYING:</b> <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>AMY HUKU</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>amyhuke29@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 3:08 PM</b>
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**I do not believe that this should be allowed. This should be up to the parent.**



MISSOURI HOUSE OF REPRESENTATIVES  
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COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>AMY SCHWARZKOPF</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>abbahn@hotmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 3:09 PM</b>
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MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>ANDREW RITTGERS</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>uncle_holmes@hotmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 8:44 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**I do not support this bill.**



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>BUSINESS/ORGANIZATION:</b>		
WITNESS NAME: <b>ANDREW WARLEN</b>		PHONE NUMBER: <b>816-858-2412</b>
BUSINESS/ORGANIZATION NAME: <b>PLATTE COUNTY HEALTH DEPARTMENT</b>		TITLE: <b>DIRECTOR</b>
ADDRESS: <b>212 MARSHALL ROAD</b>		
CITY: <b>PLATTE CITY</b>	STATE: <b>MO</b>	ZIP: <b>64079</b>
EMAIL: <b>andrew.warlen@plattehealth.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/8/2022 12:01 PM</b>

**THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.**

Chairman Ben Baker and members of the Downsizing State Government Committee, Thank you for allowing me an opportunity to provide written testimony in opposition to House Bill 2009. My name is Andrew Warlen and I am the Director of the Platte County Health Department (PCHD). I have over 27 years of Public Health experience many of which have focused on disease control including the control of vaccine-preventable diseases. PCHD serves Platte County residents as well as our neighboring residents from Clay, Jackson and Buchanan counties with a mission to protect and promote the health of all people in all communities. One of the ways we do that is by providing education and advocacy on the lifesaving importance of being immunized. HB 2009 sets a precedent that would unravel the critical public work over the past 100 years that has nearly eradicated diseases like polio, hepatitis, measles, mumps and rubella. If children are not vaccinated against easily preventable disease, schools become places for increased infection. In addition to the immediate health impact, there would be a disruption to the learning environment as well as an undermining of schools as a safe place for students. Decades of evidence proves the efficacy of these vaccines and current exemption processes are sufficient for those who should not be vaccinated. Expanding exemptions and discounting evidence and the public good takes us backward in protecting our children from preventable disease. Particularly for immunocompromised children, we must follow a culture of health that reduces their exposure to illness. Another provision in HB 2009 mandates the Missouri Department of Health and Senior Services to facilitate exemptions through its web site. This runs counter to the charge of the agency in preventing disease. It also sends a mixed message to Missourians who rely on MODHSS for factual, evidence-based leadership, potentially sowing doubt on the efficacy and safety of vaccination. Vaccines are vital to disease prevention, alleviating much suffering and death. Additionally, vaccines minimize the fiscal impact of the diseases they prevent. Let's continue to protect our children and communities by rejecting measures that dilute that impact against disease. Let's not undo the progress and foresight of previous generations who experienced these deadly diseases and created systems to ensure that would never happen again. Thank you for your consideration of this important issue. Thank you, Andrew Warlen, MPH Director Platte County Health Department



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>ANGELA COLE</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:                  ZIP:
EMAIL: <b>angela.cole5@outlook.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 6:58 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>ANGELA MULLINS</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>arcapiano@yahoo.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 7:05 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**I do not support this bill.**



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>	
COMMITTEE: <b>Downsizing State Government</b>			
<b>TESTIFYING:</b> <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
<b>WITNESS NAME</b>			
<b>INDIVIDUAL:</b>			
WITNESS NAME: <b>ANGELA SMITH</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: <b>angela.smith@plattehealth.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/8/2022 1:32 PM</b>	
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>			

Written Testimony in Opposition to HB 2009 Chairman Ben Baker and members of the Downsizing State Government Committee, Thank you for allowing me an opportunity to provide written testimony in opposition to House Bill 2009. My name is Angela Smith and I am the Clinic Manager for the Platte County Health Department. PCHD serves Platte County residents as well as our neighboring residents from Clay, Jackson and Buchanan counties with a mission to protect and promote the health of all people in all communities. We do that by providing education and advocacy on the lifesaving importance of being immunized. HB 2009 sets a precedent that would unravel the critical work that has nearly eradicated diseases like polio, hepatitis, measles, mumps and rubella. If children are not vaccinated against easily preventable disease, schools become places for increased infection. In addition to the immediate health impact, there would be a disruption to the learning environment as well as an undermining of schools as a safe place for students. Decades of evidence proves the efficacy of these vaccines and current exemption processes are sufficient for those who should not be vaccinated. Expanding exemptions and discounting evidence and the public good takes us backward in protecting our children from preventable disease. Particularly for immunocompromised children, we must follow a culture of health that reduces their exposure to illness. Another provision in HB 2009 mandates the Missouri Department of Health and Senior Services to facilitate exemptions through its web site. This runs counter to the charge of the agency in preventing disease. It also sends a mixed message to Missourians who rely on MODHSS for factual, evidence-based leadership, potentially sowing doubt on the efficacy and safety of vaccination. Vaccines are vital to disease prevention, alleviating much suffering and death. Let's continue to protect our children and communities by rejecting measures that dilute that impact against disease. Let's not undo the progress and foresight of previous generations who experienced these deadly diseases and created systems to ensure that would never happen again. Thank you for your consideration of this important issue. Thank you, Angela Smith, RN Platte County Health Department





MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>ARNIE C. AC DIENOFF-STATE PUBLIC ADVOCATE</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:                  ZIP:
EMAIL: <b>arniedienoff@yahoo.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 10:43 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**I am Opposed To This Legislation and Going Backwards for Our Children's Health-Care and Well-Being. This Bill Is Ludacris and Makes NO Sense. Why Would Parents Not Basic Health Protections for their Children and Other Children Attending a School Setting?**



MISSOURI HOUSE OF REPRESENTATIVES  
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<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>ASHLEY AL-SHAWISH</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:                  ZIP:
EMAIL: <b>ashley.alshawish@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 10:56 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

I do not understand why more people aren't questioning the definition of vaccine being changed in September of 2021. Over 400,000 confirmed fatalities have occurred since the rollout of the COVID pharmaceuticals. In that amount of time child injuries have occurred. At no point will any science be 100% agreed on. At some point parents must research and make the best decision for their child. That is a natural right. I have gotten severe reactions from the flu shot, every single time I've gotten it I was sick for about 2-3 days afterward and I still got the flu. When I saw this phenomenon occur with my young niece, I made the decision that my children would never get a flu shot and I stopped getting them at that point as well. However, each of my children and myself have never missed a scheduled vaccine in their entire life. I am not anti-vax. It is an insult on our intelligence for legislators to assume that we don't pay attention to things like legal and medical definitions being changed. At the end of the day my health choices as well as my children's are my own. Please preserve the liberties of the American people to raise their children as their own.



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<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>ASHLEY RILEY</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>ashleyrileyjc@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 7:11 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		



MISSOURI HOUSE OF REPRESENTATIVES  
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<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>BARBARA J. SCHRODER</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:                  ZIP:
EMAIL: <b>barb.schroder@bentonhealth.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/8/2022 3:05 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

As a Public Health Nurse, it is my duty and responsibility, to help protect our children and adults, against communicable illnesses. Can you imagine another pandemic, like we are currently experiencing, but with diseases that are completely preventable, just by a simple vaccination? We can't regress 100 years, when science has proved that vaccines safely prevent transmittable illnesses. It is so much more expensive to treat the disease, than cover the vaccine, with more secondary side effects and possible death. I am definitely against HB 2009. It is our responsibility to protect our children. My children, your children and our community's children. Thank you for your consideration, but this is really foolish and asinine ideations.



MISSOURI HOUSE OF REPRESENTATIVES  
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<b>TESTIFYING:</b> <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>BUSINESS/ORGANIZATION:</b>		
WITNESS NAME: <b>BECKY CHRISTENSEN</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME: <b>SAFE COMMUNITIES COALITION</b>		TITLE: <b>CAMPAIGNS DIRECTOR</b>
ADDRESS:		
CITY: <b>BROOMFIELD</b>	STATE: <b>CO</b>	ZIP: <b>80020</b>
EMAIL: <b>info@safecommunitiescoalition.org</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/8/2022 4:48 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

Dear Honorable Members of the House Downsizing State Government Committee, I am writing today on behalf of SAFE Communities, a non-profit organization whose purpose is to support pro-vaccine lawmakers and legislation. SAFE is strongly opposed to HB 2009, which removes childhood immunization requirements for school entry. We are very concerned about the impact this bill will have on the rights to health and safety in the communities you represent. There are protections already in place in Missouri's laws that allow parents to decline vaccinations for medical and non-medical reasons. These protections retain individual choice while protecting the right of every child to be free from preventable deadly diseases. HB 2009 is based on fear and misinformation. It puts children and vulnerable citizens at risk of contracting contagious and deadly diseases. There is no logical or scientific basis for HB 2009, which panders to anti-vaccine conspiracy theories and undermines our collective progress in protecting our children and families from life-threatening diseases. SAFE Communities respectfully asks for your no vote on HB 2009 and thanks you in advance for taking the many organizations who are in opposition into consideration during deliberations. SAFE Communities Coalition and Action Fund Becky Christensen, Campaigns Director  
info@safecommunitiescoalition.org 720-600-6132



MISSOURI HOUSE OF REPRESENTATIVES  
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<b>TESTIFYING:</b> <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
<b>WITNESS NAME</b>			
<b>BUSINESS/ORGANIZATION:</b>			
WITNESS NAME: <b>BERNARD (BERT) MALONE</b>		PHONE NUMBER: <b>816-809-9994</b>	
BUSINESS/ORGANIZATION NAME: <b>MO PUBLIC HEALTH ASSOCIATION</b>		TITLE: <b>VICE-CHAIR ADVOCACY COMMITTEE, MO PUBLIC HEALTH AS</b>	
ADDRESS: <b>727 E. CAPITOL</b>			
CITY: <b>JEFFERSON CITY</b>		STATE: <b>MO</b>	ZIP: <b>65101</b>
EMAIL: <b>Bert.malone923@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/8/2022 5:27 PM</b>	
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>			

HB2009 is fully intended to weaken vaccine protection for MO's children, particularly those children in private and parochial schools. Such a proposal is short-sighted and not protective of our children. The Missouri Public Health Association, the state's largest and oldest organization of public health professionals in the state, strongly opposes this attempt as it fails to recognize that vaccination against diseases such as measles, mumps, rubella, diphtheria and many other childhood diseases should be designed for ALL children in our state. These are communicable conditions and protection for only some of our children truly leaves a great deal of children (and related adults) at risk for these diseases that can be deadly. Removing protection for meningococcal disease among a portion of students in MO colleges and universities leaves many likewise potentially at risk for this devastating and highly infectious disease. The Association, made up of over 350 health professionals who support evidence-based, scientifically proven approaches to protect our residents, strongly urges opposition to this proposal.



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<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>BOB EASLEY</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>hrebob@hotmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/7/2022 8:36 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

It should be up to the parents as to weather their child or children get the jab not some government illegal mandate I'm sick of the government over reach



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<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>BRANDI WHITAKER</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>drb@drbwhitaker.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 6:18 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**As a Missouri parent, I strongly oppose the Covid vaccine for children of any age. WE WILL NOT COMPLY.**





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<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>BRANDON BLAKE</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>b_blake53@msn.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 11:01 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		



MISSOURI HOUSE OF REPRESENTATIVES  
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<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>BRIAN CANNON</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>brianolda@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 10:05 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**This is a very dangerous shot. Look at the increase in miocarditis in the military. My wife was forced to take the shot and now she has miocarditis as a result. There's children as young as 10 having a heart attack after receiving the shot. It is an unconstitutional mandate to force this upon us.**



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<b>WITNESS NAME</b>			
<b>REGISTERED LOBBYIST:</b>			
WITNESS NAME: <b>BRIAN BERNSKOETTER</b>		PHONE NUMBER: <b>573-636-2827</b>	
REPRESENTING: <b>MISSOURI ACADEMY OF FAMILY PHYSICIANS</b>		TITLE:	
ADDRESS: <b>101 EAST HIGH STREET</b>			
CITY: <b>JEFFERSON CITY</b>		STATE: <b>MO</b>	ZIP: <b>65109</b>
EMAIL:	ATTENDANCE:	SUBMIT DATE: <b>2/9/2022 12:00 AM</b>	
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>			



MISSOURI HOUSE OF REPRESENTATIVES  
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<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>BROOKE HILDEBRAND CLUBBS</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>bclubbs@semo.edu</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 11:33 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

When my grandmother had the opportunity to meet Jonas Salk at a graduation ceremony, she thanked him, with tears in her eyes, for saving her children from Polio by creating the vaccine to immunize them against it. She had lived in fear of my mom and her siblings contracting that deadly illness and was so grateful when she could get them the shot to prevent it. Now, as a mother of three, I have been grateful knowing my children were protected not only by the vaccines they received, but by those around them who were also immunized. When my oldest daughter started college in the Fall of 2020, while I had COVID concerns as she moved into her dorm, I knew at least meningitis was one less thing to worry about because residents were required to receive that immunization unless they had a medical or religious exemption. Just like if one student leaves open containers of food out in their room, the whole floor can develop a pest problem, vaccination is about public health rather than personal preference. Please keep all of our children and young adults safe by opposing this legislation that would eliminate immunization requirements.



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<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>CAROL BOWLING</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:                  ZIP:
EMAIL: <b>teeb1972@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 10:24 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**Our children should not be immunized at school. Our children should not be immunized without parental consent and a parent present.**



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<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>CATHERINE HOLMES</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>ktcruiser@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 10:40 AM</b>
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<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>CELIA E. ROASCH</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>celia.roasch@bentonhealth.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/8/2022 3:57 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

Please reconsider your position on HB2009. It is unfortunate that the welfare of the next generations are in the hands of people who do not understand infectious diseases and the threat they pose to public health in general. As an infection prevention professional for many years I am appalled that the current house assembly is considering the removal of immunizations for PREVENTABLE diseases for attendance in schools. It is most unfortunate that your bill does not consider the bigger picture of future illnesses and deaths that will ensue. Has history not taught you anything? When the human race has been iradicated instead of infectious disease maybe then you will see the error of these decisions. Until then I pray you, your family and colleagues will find good health and good sense to not pass this bill.



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<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>CHARLES MCCASLIN III</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>camsvt77@icloud.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/8/2022 9:17 PM</b>

**THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.**

**It's pretty clear that the mask and this so called vaccine isn't working and most of the children have already been affected and have recovered according to the daily emails that we get from the school Plus We all know that the big pharmaceutical companies have made billions and have admitted that there is no scientific evidence that it is even slowing down the spread of the virus**





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<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>CHERYL RANUM</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>reevescheryl@hotmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 1:43 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		



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<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>CHRISSEY WRIGHT</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>chrissywright7@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 8:11 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

Each individual (and parent) should be making their own informed decision about the Covid shot. At this point we know the shot does not prevent anyone from getting Covid, prevent transmission or even lessen the symptoms. Many who received the "vaccine" have still been hospitalized from Covid. We also know there is irreversible damage caused from these shots. We have the right to weigh the risks and rewards and make the decision ourselves. Most, if not all, have had Covid now, not to mention as this virus mutates it's severity is weakened. Any coercion to get this shot is wicked and anyone responsible for such coercion has blood on their hands and WILL be held accountable. Let that not be you.



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<b>WITNESS NAME</b>		
<b>REGISTERED LOBBYIST:</b>		
WITNESS NAME: <b>CRAIG STEVENSON</b>		PHONE NUMBER: <b>573-397-1274</b>
REPRESENTING: <b>KIDS WIN MISSOURI</b>		TITLE: <b>DIRECTOR OF POLICY &amp; ADVOCACY</b>
ADDRESS: <b>814 BERGQUEST</b>		
CITY: <b>BALLWIN</b>		STATE: <b>MO</b>
		ZIP: <b>63011</b>
EMAIL: <b>cstevenson@kidswinmissouri.org</b>	ATTENDANCE: <b>In-Person</b>	SUBMIT DATE: <b>2/9/2022 3:38 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

My name is Craig Stevenson and I'm the director of policy and advocacy for Kids Win Missouri. We advocate on issues of child well-being ranging from early childhood education, foster care issues, health care, and other issues of child well-being. We are concerned and oppose HB 2009. Kids Win Missouri is concerned that HB 2009 may provide doubt in the minds of parents about the public health benefits of vaccines. Doubt in the minds of parents lead to the spread of inaccurate information about the risks of vaccines themselves. The positive impact on the quality of life of vaccines on children has been extensively studied, from virtually eliminating measles, diphtheria, mumps, smallpox, rubella, polio, among other diseases. From a societal standpoint, it's also significantly cheaper to prevent the disease rather than treat it. Additionally, federal rules for the child care subsidy program require states to prioritize public health and controlling diseases including immunizations. We are fearful at the impact this legislation would have on participation of the subsidy program, and would ask the DESE to confirm this bill would not put federal funding for the program at risk.



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<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>DANA METELKO</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>dana_metelko@yahoo.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 1:55 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

My statement regarding immunizations for both adults and children is as follows. Medical treatment has always been a choice and should remain a choice. I do not support forcing American citizens to get a shot if they chose not to. The leaders can disguise it as an "emergency use" shot, good for everyone around us, or the only way for us to get back to normal. None of these are true. I am against mandated vaccines for anyone (especially children-who are at least risk). I am for choice. We live in America. The land of the free.



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>DARIN ODELL</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>darin@kc-customs.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 7:01 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>DARLA MILLER</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>wogbeliever1967@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/8/2022 9:18 PM</b>

**THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.**

**Mine and my student's consciences and religious beliefs will not allow us to get the Covid vaccine. We will not allow the fetal line from aborted babies to go into our bodies.**



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>REGISTERED LOBBYIST:</b>		
WITNESS NAME: <b>DAVID WINTON</b>		PHONE NUMBER:
REPRESENTING: <b>ST LOUIS CHILDRENS HOSPITAL AND KIDS WIN MISSOURI</b>		TITLE:
ADDRESS: <b>PO BOX 1805</b>		
CITY: <b>JEFFERSON CITY</b>		STATE: <b>MO</b>
		ZIP: <b>65102</b>
EMAIL:	ATTENDANCE:	SUBMIT DATE: <b>2/9/2022 12:00 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>DAWN BRIDGES</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>Dawn.howery@yahoo.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 6:06 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		





MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>DEBRA CONNELL-DENT</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>debbie.connelldent@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 1:20 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>DEBRA ROE</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>nkcteach@prodigy.net</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 7:06 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

I am totally against this bill. Look at what it happening in the UK with children who have not been immunized for measles. These diseases (that we have immunizations for that have been around for a long time) can cause serious health problems and in some cases, death, if children are not immunized. ALL children need to be immunized unless there is a health issue documented by a doctor. These children may not attend the same schools but they attend churches together, play sports together, have birthday parties together... I do not understand how people can roll the dice when it comes to our children's health. Please vote against this bill! Thank you.



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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<b>TESTIFYING:</b> <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>DEBRA WEINGARTH</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>djweingarth@ktis.net</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/8/2022 1:42 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**We need true research over time, before suggesting, let alone, mandating vaccines...**



MISSOURI HOUSE OF REPRESENTATIVES  
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COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>DENISE LANDOLT</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>canddlandolt@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 7:00 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**To vax, or not to vax, needs to be an individual preference, according to what the parents of the children choose! Parental rights should overrule any other! These immunizations and masks are harming our children in every way, both physically and emotionally. Please put a stop to this madness!**



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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<b>TESTIFYING:</b> <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>DENISE TINSLEY</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>dtinsley91@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 12:05 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

I am not in support of vaccine mandates. Patients should be able to consult with their physician, but ultimately the individual or guardian should not be mandated or denied services or freedoms based on vaccine choices.



MISSOURI HOUSE OF REPRESENTATIVES  
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COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>DIANA FRAZIER MILLER</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>info geek2001@yahoo.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 5:32 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>DIANE MATHIAD</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>dianemathias@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 9:46 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**I am against government mandates to insist people have the covid 19 shot. I want to have freedom to choose based on my own individual needs without government insistence on one size fits all!**



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>DORIS GOODLOE</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>msdorisgoodloe@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 2:24 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

Public schools that recieve federal funding should most definitely be required to follow federal guidelines and protect the students not embolden the parents. Parents can choose private school, homeschool, or charter schools if they want more input. There most definitely be a separation from the power that parents can play in medical decisions for other students. Not getting vaccinated (unless for life threatening medical instances) should not be a debate. Vaccinations of TDAP, MMR, etc have been paramount to the lessened instance of these diseases being spread at school.





MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>BUSINESS/ORGANIZATION:</b>		
WITNESS NAME: <b>EMMA WICKLAND</b>		PHONE NUMBER: <b>314-541-8889</b>
BUSINESS/ORGANIZATION NAME: <b>UNIVERSITY OF MISSOURI-COLUMBIA'S MASTER OF PUBLIC HEALTH GRADUATE STUDENT ASSOCIATION 2021-2022 EXECUTIVE BOARD</b>		TITLE: <b>SECRETARY</b>
ADDRESS: <b>3101 OLD 63 S, APT F201</b>		
CITY: <b>COLUMBIA</b>	STATE: <b>MO</b>	ZIP: <b>65201</b>
EMAIL: <b>wicklande@health.missouri.edu</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/8/2022 5:28 PM</b>

**THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.**

As the 2021-2022 Executive Board for the University of Missouri-Columbia's Master of Public Health Graduate Student Association, we strongly oppose House Bill 2009 on all points which seek to modify provisions relating to immunizations for students attending private or public schools in the state of Missouri. Health care and public health professionals have long lauded the effectiveness of required immunizations for vaccine-preventable illnesses in and outside of our classrooms, many of which leave our children, students, and future leaders much undue suffering and possible loss of life from proposed or enforced legislation such as this one. Vaccine exemptions put unvaccinated children, their classmates, and communities at risk for preventable disease, and need to be reduced to compensate for a decline in vaccinations amidst the COVID-19 pandemic. The Missouri Immunization Coalition, an organization dedicated to protecting Missourians from vaccine-preventable diseases, states the following harrowing statistics. Missouri ranked 24th out of 49 reported states for Kindergarten vaccination coverage in the 2019-2020 school year: Missouri had a 94.6% Kindergarten vaccination rate during this time. There are currently 30,000+ Missouri students with a vaccine exemption that increases their risk for contracting a vaccine-preventable disease, one of which meningitis, which is an inflammation (swelling) of the protective membranes covering the brain and spinal cord. Anyone at any age is capable of getting this infection, which if serious enough, requires immediate medical intervention to prevent loss of life and/or lessened quality of life. Specifically though, most cases of viral meningitis occur in children younger than age 5 and bacterial meningitis appears to be more common in those under age 20, according to the Centers for Disease Control and Prevention. The largest risk factor for this illness is skipping required vaccination for this illness at any age. How can anyone justify putting their own child at risk for these life-altering and life-stealing illnesses, especially during at time such as this one? When schools, universities, students, teachers, educators, professors, faculty and staff regularly risk their lives just ensure themselves or others a proper education, particularly during this time, this bill is nothing short of dangerous, reckless, abhorrent, and ignorant to the basic science of life-saving measures like vaccines, modern medicine, epidemiology, public health interventions, and other illness-preventing measures. Unless you have taken care of patients or loved ones with serious vaccine-preventable illnesses, like some of us have, you cannot make comment on severely altering these provisions that the general public, including the elderly, immunocompromised, disabled, chronically ill, and the younger population need so they can ensure a high quality of life for themselves and those around them. This bill seeks to steal that quality of life and life itself from thousands of Missourians and Americans. Finally, stripping local public health authority of the responsibility of assuring that parents claiming exemptions have full understanding of the risks

and benefits of mandatory school vaccines is deceptive and a complete slap in the face to the centuries-worth of work towards quality education of illness prevention methods on part of public health professionals. As rising public health professionals ourselves and current public health graduate students, we understand the weight and importance of this education and information, as we all seek to ensure the betterment of health, livelihood, and safety of our communities today, tomorrow, and the rest of time. We cannot in good faith allow this responsibility to be threatened by those who do not have the same intentions as we do, and instead seek to strip us of our civil responsibility to protect and improve the lives of those in and outside of our communities. We sincerely hope that this bill never has enacts the powers it seeks to enforce.



MISSOURI HOUSE OF REPRESENTATIVES  
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<b>TESTIFYING:</b> <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>ERIN HOLLIDAY</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>rholliday_5473@yahoo.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 1:55 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

I want my constitutional right as a parent to make the final decision regarding vaccination and immunization for my child. It is NOT the decision of any school or government to make those choices. I support the constitutional and natural rights for all parents to make the best health choices for their children.



MISSOURI HOUSE OF REPRESENTATIVES  
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COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>ERIN YAUCH</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>evokvf@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 9:40 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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<b>TESTIFYING:</b> <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>REGISTERED LOBBYIST:</b>		
WITNESS NAME: <b>GARRETT WEBB</b>		PHONE NUMBER: <b>219-229-1104</b>
REPRESENTING: <b>MISSOURI CHAPTER, AMERICAN ACADEMY OF PEDIATRICS</b>		TITLE: <b>REGISTERED LOBBYIST</b>
ADDRESS: <b>710A SOULARD STREET</b>		
CITY: <b>SAINT LOUIS</b>		STATE: <b>MO</b>
		ZIP: <b>63104</b>
EMAIL: <b>webb@coestrategies.com</b>	ATTENDANCE: <b>In-Person</b>	SUBMIT DATE: <b>2/9/2022 10:13 AM</b>

**THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.**

The Missouri Chapter, American Academy of Pediatrics, representing 1100 physicians, trainees, and pediatric-providers strongly opposes this legislation. We believe vaccines are the safest, most effective means of saving lives and generating optimal health outcomes for the children of Missouri.



MISSOURI HOUSE OF REPRESENTATIVES  
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<b>TESTIFYING:</b> <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>GEORGIA PRUITT</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>georgia.valentine57@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/7/2022 7:33 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**Don't think it's fair to mandate the vaccine.I myself think it should be our right to take it or not. I myself because of major issues with medicene and blood disorder do not feel safe taking it.I try to stay safe west a mask and take test often. Children should also have this right.**



MISSOURI HOUSE OF REPRESENTATIVES  
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<b>TESTIFYING:</b> <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>GLORIA SMITH</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>gloria.smith@bentonhealth.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/8/2022 2:47 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

As a Local Public Health Agency, we are in strong opposition to HB2009. Benton County Health Department's Mission Statement reads: Benton County Health Department is responsible for the promotion and protection of the public's health through education, disease and injury prevention, regulation, and direct delivery of health care services in order that all may achieve their fullest health potential. Furthermore, the general public health goal is to prevent disease. It is much easier and more cost-effective to prevent a disease than to treat it. This is exactly what immunizations aim to do. As public health nurses, and Administration, we witness firsthand the late effects of various communicable diseases, that could have easily been prevented by a simple immunization. The effects of these communicable diseases extends to immediate family and friends. The lack of vaccination of an individual can greatly jeopardize the health and well-being of their caretakers. This has been evidenced by unvaccinated children attending public schools, contracting a preventable communicable disease, and then spreading the virus, unknowingly, to more vulnerable individuals. "Recently, the Kansas City Star reported, 2 measles outbreaks in Kansas and Missouri cost taxpayer resources \$170,000 to treat 35 measles cases." (Kansas City Star, June 2018) "But, this \$170,000 cost may not include the full economic impact of measles. This is because measles is very contagious, infecting 90 percent of susceptible individuals." (Kansas City Star, June 2018) Removing basic immunization requirements for school-aged children would represent a major digression in public health. Simply put, the Science speaks for itself. Thank you for your consideration in our opposition to HB2009.



MISSOURI HOUSE OF REPRESENTATIVES  
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<b>TESTIFYING:</b> <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>HEATHER MUDD</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>bhmudd00@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 5:32 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

I have family who suffered from polio all their lives. They are taxpayers and citizens. Stop messing with things that are already good and start working on things that need fixing! Vaccinations are no less needed in private schools than public ones. Kids need to be safe in all schools. You gentlemen need to start preparing to be voted out of office. Your foolish behavior and lack of work on actual governance is not going unnoticed.





MISSOURI HOUSE OF REPRESENTATIVES  
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COMMITTEE: <b>Downsizing State Government</b>			
<b>TESTIFYING:</b> <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
<b>WITNESS NAME</b>			
<b>INDIVIDUAL:</b>			
WITNESS NAME: <b>HEATHER ZYCHALSKI</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: <b>hizot@hotmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 2:35 PM</b>	
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>			



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>REGISTERED LOBBYIST:</b>		
WITNESS NAME: <b>HEIDI N. LUCAS</b>		PHONE NUMBER: <b>573-636-4623</b>
REPRESENTING: <b>MISSOURI NURSES ASSOCIATION</b>		TITLE:
ADDRESS: <b>3340 AMERICAN AVENUE, SUITE F</b>		
CITY: <b>JEFFERSON CITY</b>		STATE: <b>MO</b>
		ZIP: <b>65109</b>
EMAIL:	ATTENDANCE:	SUBMIT DATE: <b>2/9/2022 12:00 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		



MISSOURI HOUSE OF REPRESENTATIVES  
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<b>TESTIFYING:</b> <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>IVANNA FERGUSON</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>lvannalangerock@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/8/2022 10:54 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

I a mother of three children who two attend public school in the Independence school district, also a taxpayer in my local community. This recent "immunization" that has been "approved" for our children has no long term studies, no data, not even an insert with this "vaccine". How can these clinics, health department and local pharmacies give informed consent when we have no data on this specific "immunization"? Also, if parents choose to inject this into their children's arms, that is their choice but should not be implemented on those who chose not to inject into themselves or children and should be treated like any other immunization. School districts do not make health decisions for our children. School districts need to do the job they went to school for and get paid to do, and dictating our children's health is not one of them! We have physicians to speak to about our children's medical plans, this is none of the school district business. Anyone that chooses not to inject immunizations into their body for religious purposes is their god given right and if this shall be passed it should also be treated like the rest and should be eligible for exemption if that's the families choice to do so. And anyone who is still pushing these "vaccines" on our innocent children and giving out incentives in the process when they are aware there are long term side effects, shall be held accountable when these side affects start.



MISSOURI HOUSE OF REPRESENTATIVES  
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<b>TESTIFYING:</b> <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>JACOB FOSTER</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>jacobfoster80@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/8/2022 7:53 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

The government state or federal does not need to tell us what we can and cannot do when it come to immunizations.The government IS the enemy of the people!The enemy of the people IS the government! The government state or federal does not work FOR THE PEOPLE, the government works for lobbyists and special interests!We Hold No Quarter!



MISSOURI HOUSE OF REPRESENTATIVES  
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<b>TESTIFYING:</b> <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
<b>WITNESS NAME</b>			
<b>INDIVIDUAL:</b>			
WITNESS NAME: <b>JAMES BLAINE, MD</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE:		SUBMIT DATE: <b>2/9/2022 12:00 AM</b>
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<b>TESTIFYING:</b> <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>JANET BAKER</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>sadiejb@sbcglobal.net</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/8/2022 4:39 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		



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<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>JARRETT PILLSBURY</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>jmpillsbury@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 1:01 PM</b>
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**I do not support this bill. Thank you.**



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<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>JEANNE SAVEL</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>jeanne.savel.stlvsn@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 12:27 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

I am opposed to mandated experimental vaccines for children and adults Where there is high risk, there needs to be individual choice. These mandates are against our constitutional rights. I've seen the high incident of deaths & adverse reactions and it is a Crime of Humanity to allow these mandates to continue. Many countries around the world have even ceased all experimental vaccines & mask mandates. I personally know several individuals who've died of heart attacks shortly after getting (exp) vaxxed and boosted.





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<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>JENNIFER MAIN</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>jmain828@hotmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 8:11 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**Why don't we solve actual problems instead of creating new ones?**



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<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>JOANN MARTIN</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:	STATE:	ZIP:
EMAIL: <b>joann.martin.54@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 12:51 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

As a pediatric nurse practitioner and a pediatric nurse for 45 years, I have seen the pain and sorrow created when children become ill and die from vaccine preventable diseases. I wonder how many of the elected officials making decisions about immunizations have ever seen a child die from pertussis, HiB, or meningitis? How many elected officials have cared for children who are deaf, blind, lost limbs or suffered other complications from vaccine preventable diseases? How many elected officials suffered the serious complications such as pneumonia following the measles? I have experienced all of these situations. The relationship between vaccines and autism has long been discredited. The person who spread this lie lost his medical license. Removing the requirement for vaccination in schools will open the door for these diseases to return and cost children miserable illness, parents losing time at work to care for children and schools having increased number of absent children who will have to receive assistance to catch up. Many of these vaccine preventable illness have a long period of illness and recovery. I pray that our elected officials seriously consider whether this legislation is truly for the public good or merely a reaction to vocal vaccine opponents who refuse to accept science. The very, very small number of unfortunate incidents following vaccine do not compare to the real danger of exposing children to the illness. There are already provisions for parents who do not want to vaccinate their children to opt out. Providing education to parents to make informed decisions is not a burden to receive an exemption card. Rather, this is good patient care. Please do not return our children to the risk of serious, vaccine preventable diseases with this misguided legislation. Are you ready to accept the serious consequences of your actions?



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<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>JOE CAMERER</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>appraisalnetwork@sbcglobal.net</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/8/2022 12:29 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**Protect the kids and the kids they go to school with. I've already had my child vaccinated and it kept him from getting the virus when both of his parents had break through cases. Don't make it a political issue, protect the kids even if their parents won't.**



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<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>JOHN M AMICK</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>jboy6356@yahoo.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 11:54 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**Vaccine mandates for minors is WRONG. That decision is up to the parent. The covid responses have caused enough grievous harm to the children and their families!!**



MISSOURI HOUSE OF REPRESENTATIVES  
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<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>JUDI GAMBINO</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>judigambino@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 10:41 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

I am in opposition to the mandate as the choice as it should be the person or parents choice ONLY. No one is responsible for the death or injury of that person if forced.



MISSOURI HOUSE OF REPRESENTATIVES  
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<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>KAREN CARTER</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>johnsnurse@yahoo.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/8/2022 3:22 PM</b>
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MISSOURI HOUSE OF REPRESENTATIVES  
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<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>KAREN CLARK</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>kfoxclark@centurytel.net</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 1:46 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

I believe it is in the public's best interest for government to promote the general health and welfare of ALL Missouri citizens, including the most vulnerable. This bill basically eliminates the ability of our local health departments to do so. Should we allow kids to attend school if they have TB or measles? Should we allow parents to make those decisions? This isn't a slippery slope — it's jumping off of a precipice.



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<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>KAREN GUGLIELMO</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>karen.guglielmo@sbcglobal.net</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 4:30 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

As a mother of immune compromised children, and also a supporter of school choice, I find it ridiculous that immunizations would not be required by students at private schools with the passé age of this bill. This bill puts the lives of many otherwise healthy children at risk, and sets us back 200 years! Do NOT sign this bill into law!





MISSOURI HOUSE OF REPRESENTATIVES  
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<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>KATHRYN MILLER</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>nona61rizzo@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/8/2022 11:50 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

I am for most vaccines, ones that have been tested the proper usual time frame. In this case I feel the parents should have the right to make this choice for their children. It is not the governments job to make health decisions or to force on us.



MISSOURI HOUSE OF REPRESENTATIVES  
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<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>KELLI DALESKE</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>kelli.daleske@bentonhealth.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/8/2022 2:46 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**HB2009**



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<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>KIM PENROD</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>seektruth7@protonmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/8/2022 11:00 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**As a member of the human race and a being created by God, we all have the right to choose what goes into our own bodies, the right to bodily autonomy. I have a firsthand account of how the toxic chemicals and ingredients in all vaccines have affected the neurological status of my kids. I am a registered cardiac nurse of over 26 years, and I would never promote a treatment for the masses, especially under the pretense of community health when in fact this is purely about power and money.**



MISSOURI HOUSE OF REPRESENTATIVES  
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<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>KIMBERLY WALLACE</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>hermososazules@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 7:32 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

I don't believe in being forced to vaccinate my children with a vaccine that has been proven unsafe and dangerous. There have been many safety steps skipped to get this vaccine out of the experimental stage. I do not want to put something in my kids or my body that is dangerous.



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<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>LAURIE CLARK</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>laurieclarknp@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 7:28 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

This bill will absolutely cause deaths and Irreparable damage that cannot be undone. If this is your child would you bear the fact that maybe you will never have grandchildren or have to bury them. We have constitutional rights set up by our forefathers we're setting ourselves up for a Civil War. We must stop the madness now. People have a right take care of her children and decide what's right for them. There must be no emergency mandate in place to vaccinate children in school without their parents permission. Children under the age of 18 should not be allowed to have any kind of medical care without their parents knowledge. They sets up another set of lawsuits. Please do not pass this bill. We are starting to see more and more children homeschooled out of the fear of children having to go to school do exposed to this. I for one will not let my child go to school knowing he may be inoculated with something harmful. I'm asking you to use your moral and ethical principles when deciding bills that are coming through you to decide. Do you have the power to stop us. I am a nurse practitioner, mother, a wife, a business owner. I am doing my part to help our citizens, I'm asking you to do your duties.



MISSOURI HOUSE OF REPRESENTATIVES  
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<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>LESLIE A TIEMEYER</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>leslie.tiemeyer@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 1:47 PM</b>
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<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>LYNDA DORIS HOLDER</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>Lholder3t@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/8/2022 8:47 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**We do not need more government regulations in our lives! Families have read about, researched, and are aware of the politicalization of these Covid mandates! Why is the government pushing tax dollars into public schools to incentivize this vaccine? Isn't this a sneaky way of encouraging it by offering students tablets, and such? Something does not feel right about all of this!! Please honor and respect the family and parental rights with all your legislation. Thank you very much. Lynda HolderLholder3t@gmail.com**



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>LYNELLE PHILLIPS</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>lynelle.phillips@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/8/2022 2:48 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

It appears this bill is being discussed in a committee that concerns itself with downsizing state government. To that end, you should consider the risks and benefits of maintaining policies that promote high vaccination rates. For instance, for every US \$1 invested in vaccine programs returned an estimated \$20 in saved healthcare costs, lost wages, and lost productivity, according to new research from the Decade of Vaccine Economics (DoVE) Project. Using a Value of a Statistical Life approach to model the value of immunization, vaccine programs returned an estimated US \$52 for every \$1 invested. Outbreak responses to vaccine-preventable diseases in children are not only costly in terms of resources, but tragic because they are completely preventable when strong vaccination policies are in place. When vaccine-preventable diseases disappear from view, some people begin to believe that the vaccines are actually more risky than the diseases they prevent. This is a skewed risk perception problem. Do not fall for this common human foible. These diseases are devastating and deadly, and we do not want to return to an era where disease like measles, polio, chicken pox, meningitis, pertussis, etc are common place. Please stay the course and make good science-based, evidence-based, economic decisions. Decisions that will lower vaccination rates will only create added work in terms of cost and resources for our local and state public health system, as well as our health care system, and will result in the opposite of your intended goal, which is a more efficient and less costly government workforce.





MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>MARILYN RABELLO</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>mArilyn.rabello@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 9:43 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**This is a pure violation of medical ethics. Politics & financial incentives and bribes have no place in the practice of medicine and medical interventions and treatments are decisions that should rest solely with parents and whoever they choose to trust with their health care practices and decisions. Numerous physicians and pediatricians would disagree with ANY vaccine mandate, let alone ones that the state gives out bribes for. This bill must be opposed in order to preserve parental rights and freedom of choice. This is a huge NO for Missouri.**



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>MARISSA POLZIN</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>ritmeyer03@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 12:41 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>MARTHA ELLISON</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>marthaellison1@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 11:00 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

I am in total opposition to HB 2009. Required immunizations have and are a standard practice and who better to determine which vaccines to require than those who are public health officials and have the knowledge and qualifications to make those decisions. The very idea that non-medical individuals (such as parents or legislators who do not possess a medical degree) is just plain insane. The mandating of specific vaccines has and does decrease the outbreak of disease in all humans, but especially in children who are congregated into classrooms. Personally, I appreciate the contributions that public health measures have and do make in protecting us from the spread of harmful/deadly diseases, as well as the disruptions that outbreaks of these diseases cause. Case in point, the recent inability to staff classrooms due to the # of teachers contracting the COVID virus. If you want to keep kids in school and try to protect them from preventable diseases then vaccinations are a proven method to do this. If you really care anything about children you will vote against this insane bill.



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>	
COMMITTEE: <b>Downsizing State Government</b>			
<b>TESTIFYING:</b> <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
<b>WITNESS NAME</b>			
<b>INDIVIDUAL:</b>			
WITNESS NAME: <b>MEGAN HILBERT</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE:	SUBMIT DATE: <b>2/9/2022 12:00 AM</b>	
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>			



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>MEGAN VON ARB</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>megan_von_arb@hotmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 1:15 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**In opposition to this bill!**



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>MELANIE WISE</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>melaniewise18@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 10:10 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**There is no good reason for this bill. Eliminating vaccine requirements not only puts those children at risks, but also puts the entire community at risk. Are we trying to bring back these diseases that have essentially been eradicated over the years? Sad that our legislature continues to put their persoanl agendas ahead of the needs of the people. Definitely not proud to live in Missouri these days.**



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>MELINDA MAUCELLI</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>mindymaucelli@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/8/2022 8:07 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**I believe these vaccines are dangerous, I have followed the VAERS vaccine injuries and actual testimony from injured individuals, I strongly oppose ANY vaccines for anyone, especially our children! I believe in health freedom and individual liberty of one's body. MY BODY MY CHOICE!**



MISSOURI HOUSE OF REPRESENTATIVES  
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COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>MELISA HADLEY O'NEILL</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>melisa.hadley@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 1:56 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**Vaccines work and are an essential part of keeping children safe - in and outside of school.**





MISSOURI HOUSE OF REPRESENTATIVES  
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COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>MERCEDES SHAON</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>mercedesshaon97@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 2:33 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**This is beyond wrong. Mandating young innocent children to get a vaccine is absurd! It is their body and their choice and not something that should be forced upon them. Try funding public education without pushing an agenda! Public education funds should never be part of a bribe.**



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>	
COMMITTEE: <b>Downsizing State Government</b>			
TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
<b>WITNESS NAME</b>			
<b>BUSINESS/ORGANIZATION:</b>			
WITNESS NAME: <b>MICHAEL HERBERT</b>		PHONE NUMBER: <b>573-369-2400</b>	
BUSINESS/ORGANIZATION NAME: <b>MO ASSOCIATION OF LOCAL PUBLIC HEALTH OFFICIALS</b>		TITLE: <b>LEGISLATIVE CHAIR, MO ASSOC OF LOCAL PUBLIC HEALTH</b>	
ADDRESS: <b>2125 MO-52</b>			
CITY: <b>TUSCUMBIA</b>		STATE: <b>MO</b>	ZIP: <b>65082</b>
EMAIL: <b>mherbert@millercountyhealth.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 6:52 AM</b>	

**THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.**

Date: February 8, 2022 To: Chairman Representative Baker and the Committee on Downsizing State Government From: Michael Herbert Chair, MoALPHA Legislative Committee Administrator, Miller County Health Center Re: Oppose HB 2009 The Missouri Association of Local Public Health Agencies (MoALPHA) is opposed to House Bill 2009. Vaccines are safe and effective in controlling communicable diseases. Vaccine exemptions put unvaccinated children, their classmates, and our communities at risk for preventable diseases. In recent years, Missouri has experienced measles and mumps outbreaks, despite measles being eliminated from the United States in 2000. This return is due to our decreasing vaccination rates! Currently, of the 966,152 students in Missouri, 28,618 are at risk of contracting a vaccine preventable disease due to a vaccine exemption. Vaccine exemptions for measles, mumps, rubella, hepatitis B, and polio rose steadily from 2014-2018. COVID-19 lead to a sharp decline in childhood vaccinations. Now is NOT the time to further reduce vaccination rates! For more information, visit [www.moimmunize.org](http://www.moimmunize.org) MoALPHA encourages you to help us all keep Missouri's healthy and safe and oppose HB2009! MoALPHA Contacts Diane Weber, RN Executive Director, MoALPHA 314-605-6041 Moalpha2004@yahoo.com Michael Herbert, MoALPHA Legislative Committee Chair Administrator, Miller County Health Center 573-369-2400 mherbert@millercountyhealth.com



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>MICHELE ROWLAND-NAMANNY</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>cookieandmimi@sbcglobal.net</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 7:14 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**No to Covid -19 vaccination requirements for kids 18 and younger!**



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>MICHELLE BEGEMANN</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>michelle_begemann@yahoo.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 3:39 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

Forcing vaccinations is not the constitutional right of an individual regardless of age. To suggest Covid -19 is life threatening is extremely false and undermines true natural immunity. Our school districts are already failing on many fronts and we need to help support them with actual intellectual criteria, not money to force a vaccine for a non-life threatening illness. This is COMPLETE crimes against humanity and genocide of our population. Allowing this "new world order" agenda will cripple our country, our planet, and the future of our children.



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>MONICA L BEHRENS</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>m1behrens1@cougars.ccis.edu</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 7:02 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**Vaccines need to be required to keep the public as a whole safe. Vaccines are safe and effective.**



MISSOURI HOUSE OF REPRESENTATIVES  
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COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>NANCY SATRE</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>nancysatre@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 8:01 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		
<b>No Mandates</b>		



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>	
COMMITTEE: <b>Downsizing State Government</b>			
<b>TESTIFYING:</b> <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
<b>WITNESS NAME</b>			
<b>INDIVIDUAL:</b>			
WITNESS NAME: <b>NICHOLE BRINKMANN</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: <b>nicholebrinkmann@gmail.com</b>	ATTENDANCE: <b>Written</b>		SUBMIT DATE: <b>2/9/2022 9:25 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>			



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>	
COMMITTEE: <b>Downsizing State Government</b>			
TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
<b>WITNESS NAME</b>			
<b>BUSINESS/ORGANIZATION:</b>			
WITNESS NAME: <b>NICOLE COPE</b>		PHONE NUMBER: <b>636-649-0166</b>	
BUSINESS/ORGANIZATION NAME: <b>MISSOURI IMMUNIZATION COALITION, INC.</b>		TITLE: <b>EXECUTIVE DIRECTOR</b>	
ADDRESS: <b>811 W. ASH ST.</b>			
CITY: <b>COLUMBIA</b>		STATE: <b>MO</b>	ZIP: <b>65203</b>
EMAIL: <b>ncope@moimmunize.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/8/2022 2:37 PM</b>	

**THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.**

TESTIMONY ON BEHALF OF THE MISSOURI IMMUNIZATION COALITION IN OPPOSITION TO HOUSE BILL 2009 HEARING BEFORE THE HOUSE DOWNSIZING STATE GOVT COMMITTEE Wednesday, February 8, 2022 Honorable Chairman Baker, members of the committee: The Missouri Immunization Coalition would like to go on record in opposition to House Bill 2009 (Pollock) and ask that you reject this harmful bill. Vaccines are safe, effective, and protect the health and lives of Missourians. Missouri ranks 24th out of 49 reporting states in Kindergarten vaccination coverage for the school year 2019-2020. Vaccination exemptions put those children that aren't able to be vaccinated, their classmates, teachers, school staff, family, and the community as a whole at risk for preventable infectious disease. Herd immunity—as we are learning with COVID-19—is critical to preventing outbreaks of preventable infectious diseases that lead to sickness, hospitalizations and, in some cases, death. But, herd immunity is not enough. Individuals with immune-compromised systems, who for medical reasons cannot receive vaccinations, depend on members of their community to get vaccinated to protect their health and lives. Thanks to a successful vaccination program the United States has been polio-free since 1979. Polio causes nerve damage leading to paralysis, difficulty breathing, and sometimes death. Even now, post-polio syndrome affects some people years after having polio. It can include progressive muscle or joint weakness and pain, fatigue, muscle wasting, breathing problems, and more. Measles is extremely contagious. It can lead to blindness, brain swelling, intellectual disabilities, and can be fatal. Before a vaccine was introduced, the country had 4 million cases, with 48,000 hospitalizations, and 500 deaths annually. With the help of vaccines, the United States was declared measles free in 2000. Despite that, decreasing vaccination rates have led to a return in measles outbreaks, including 1,282 cases in 2019, predominantly among unvaccinated individuals, the largest number of measles cases in the US since 1992. Whooping cough (pertussis), a highly contagious respiratory infection that can be easily spread, is making a comeback. Whooping cough can cause severe coughing that can lead to difficulty breathing. This disease is potentially deadly for infants. Unfortunately, with the COVID-19 pandemic, we have seen a decrease in routine vaccinations due to reduced clinic hours and missed appointments, which could lead to a further spread of these vaccine-preventable infectious diseases. This is not a time to relax efforts to ensure complete vaccinations, particularly for school age children and those in childcare settings, whether public or private. Children who are not immunized can contract and transmit deadly, vaccine-preventable diseases to babies who are too young to be fully immunized or to others—like teachers, childcare staff, and other children—who cannot be immunized for medical reasons. We urge the committee to reject House Bill 2009 and protect the welfare of all Missourians. Thank you, Nicole Cope, MPH Executive Director Missouri Immunization Coalition, Inc.





MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>OLDA CANNON</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:                  ZIP:
EMAIL: <b>brianolda@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 10:20 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>PATRICIA WHITSELL</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:                  ZIP:
EMAIL: <b>phouck91@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/8/2022 8:13 AM</b>

**THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.**

**As an 8 year ICU nurse and recently certified Nurse Practitioner, I cannot support this bill. There is absolutely no data that supports requiring children to be vaccinated against COVID-19. They have a higher chance of being struck by lightning or dying in a car accident than dying of COVID-19. A child's medical decisions should be made by the parents, not the government.**



MISSOURI HOUSE OF REPRESENTATIVES  
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<b>TESTIFYING:</b> <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>RACHEL LIVELY</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>rachel.c.lively@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/8/2022 8:57 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**We do NOT know long term effects of the Covid vaccines, but we do know that child have a nearly 0% chance of hospitalization or death from all the variants. Why push something that can cause harm like myocardial infarction or worse into children when they are at no risk in the first place.**



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>RHONDA</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>rmanichia@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 8:52 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

I oppose the HB 2009 - Pollock- IMMUNIZATIONS Bill. I believe Parents need to make the decision to give their children the Covid Vaccine " Not the Government !" Not the Schools !This is an over reach of our Government and a waste of tax payer money.



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>ROBERT BALLAY</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>gene.ballay@hotmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/8/2022 5:10 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**HB 2009 protects our children by creating legislative oversight of all childhood vaccine requirements. Unaccountable and sometimes out of step DHSS bureaucrats will no longer be able to make an end run around the legislature. This means with HB 2009 average citizens will have an opportunity to influence the process.PLEASE PASS HB 2009 ASAP....ASAP**



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>RONNA KNETTER</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>teamknetter@sbcglobal.net</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 10:46 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**If you are assured or bonded and stand in support of forced experimental vaccines on our children, rest assured anyone pushing for this agenda can be sued by the full extent of the law. These experimental vaccines are in violation of the Nuremberg code and unconstitutional.**



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>SANDRA DAWSON</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>missyou_again@yahoo.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/7/2022 7:47 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

All covid vaccines are untested and dangerous. To use the covid vaccine on children is equivalent to child abuse and/or murder depending on the damage now into the future. Children are not affected by covid. If a child goes to the hospital and are positive for covid, they count it as having to go because of covid. Children experience the flu, rsv, asthma and many respiratory illnesses and have since time began. I caught covid from my grandson and his only symptoms were a cough. Covid vaccine does not stop transmission and evidence of the vaccine causing spike proteins to shed causing transmission is just coming out. There isn't anyway to measure if having the vaccine causes less severe symptoms. Both vaccinated and unvaccinated end up in the ER, inpatient and in the ICU. An unvaccinated child is less of a danger and in less danger than a vaccinated child.



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>SANDRA GROGAN</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>sgrogan2001@sbcglobal.net</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 1:58 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**This bill scares me to death! Please do not let it pass. Our children need to be safe at school. I do not support this bill!**





MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>SARA CASTANEDA</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>clccastaneda@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/8/2022 9:14 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**I do not support the mandating of vaccines or using the schools to target our children.**



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>REGISTERED LOBBYIST:</b>		
WITNESS NAME: <b>SARAH SCHLEMEIER</b>		PHONE NUMBER: <b>573-826-1274</b>
REPRESENTING: <b>MISSOURI CENTER FOR PUBLIC HEALTH EXCELLENCE</b>		TITLE:
ADDRESS: <b>213 EAST CAPITOL AVE</b>		
CITY: <b>JEFFERSON CITY</b>		STATE: <b>MO</b>
		ZIP: <b>65101</b>
EMAIL: <b>sgh@molobby.com</b>	ATTENDANCE: <b>In-Person</b>	SUBMIT DATE: <b>2/9/2022 1:56 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>SAVANNAH</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>savannahjacocks_16@yahoo.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 3:38 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**I do not consent to mandatory vaccines in ANYONE at any age**



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>	
COMMITTEE: <b>Downsizing State Government</b>			
<b>TESTIFYING:</b> <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
<b>WITNESS NAME</b>			
<b>REGISTERED LOBBYIST:</b>			
WITNESS NAME: <b>SHANTEL DOOLING</b>		PHONE NUMBER: <b>573-353-3828</b>	
REPRESENTING: <b>MISSOURI STATE MEDICAL ASSOCIATION</b>		TITLE:	
ADDRESS: <b>113 MADISON STREET</b>			
CITY: <b>JEFFERSON CITY</b>		STATE: <b>MO</b>	ZIP: <b>65102</b>
EMAIL:	ATTENDANCE:	SUBMIT DATE: <b>2/9/2022 12:00 AM</b>	
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>			



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>SHAYNA FRENCH</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>sshaynafrench@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 10:41 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>SILVIA PALETTA</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>spaletta09@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/7/2022 8:44 PM</b>

**THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.**

**Grand Jury trial begins at the International Crime Court of The Hague. Perhaps our legislators should pay attention to Dr Fuellmich and his findings as they relate to masks and vaccines mandates.**



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>STACEY KELLEY</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>stacey_kelley@hotmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 2:48 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>BUSINESS/ORGANIZATION:</b>		
WITNESS NAME: <b>STACEY WHITE</b>		PHONE NUMBER: <b>636-456-7474</b>
BUSINESS/ORGANIZATION NAME: <b>WARREN COUNTY HEALTH DEPARTMENT</b>		TITLE: <b>RN MSN, ADMINISTRATOR</b>
ADDRESS: <b>101 MOCKINGBIRD LN</b>		
CITY: <b>WARRENTON</b>		STATE: <b>MO</b>
		ZIP: <b>63383</b>
EMAIL: <b>swhite@warrencountymo.org</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/8/2022 4:22 PM</b>

**THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.**

HB 2009 will have a LONG term negative impact on the health of Missourians and our vulnerable children that don't get to have a voice in the PROVEN protection that immunizations provide to the community at large. The bill prohibits the Department of Health and Senior Services from promulgating rules regarding immunization requirements for any immunization - this has deadly consequences for the community you were elected to serve. Public Health is NOT political! This is about the health and well-being of our children and adults. You are also using this bill to force DHSS to take actions that actually facilitate anti-public health recommendations! You literally state that the bill requires the Department to create an informational brochure that outlines the process for obtaining an exemption to immunization requirements. The Department must also develop a standard religious or conscientious belief exemption form. The brochure and form must be available on the Department's website. This is requiring the lead public health authority in the state to tell people how to get around proven public health measures that save lives! This is incredibly dangerous and based on absolute misinformation. Please take to time to review peer reviewed scientific literature and research on the benefits of a robust immunization program statewide.





MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>STEPHANIE BURRUS</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>sburrus4@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 2:15 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**I do not support this bill. As a parent of children in private schools, I want my children to have the same right to a healthy education as children in public schools. That means safe from violence and preventable illnesses. Please hold all schools accountable.**



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>STEPHANIE RITTGERS</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>srttgrs@yahoo.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 7:06 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

I am not in support of this bill.



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>	
COMMITTEE: <b>Downsizing State Government</b>			
<b>TESTIFYING:</b> <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
<b>WITNESS NAME</b>			
<b>REGISTERED LOBBYIST:</b>			
WITNESS NAME: <b>STEPHEN NITTLER</b>		PHONE NUMBER: <b>573-634-3415</b>	
REPRESENTING: <b>MISSOURI ASSOCIATION OF OSTEOPATHIC PHYSICIANS AND SURGEONS (MAOPS)</b>		TITLE:	
ADDRESS: <b>1423 RANDY LANE</b>			
CITY: <b>JEFFERSON CITY</b>		STATE: <b>MO</b>	ZIP: <b>65101</b>
EMAIL: <b>stephen@hahnodaniel.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 2:40 PM</b>	
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>			

**MAOPS is opposed to HB 2009 as we believe Missouri's immunization requirements should be aligned with recommendations from the Center for Disease Control and Prevention's Advisory Committee on immunization practices.**



MISSOURI HOUSE OF REPRESENTATIVES  
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COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>SUSAN GIBSON</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>Onesuegibson@protonmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/7/2022 7:15 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

I oppose this big government overreach that would effectively upsize state government, undermine public health, usurp local control, and put Missouri's children at greatest risk. Why is Suzie Pollock trying to kill children???



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>SUZANNE OPPERMAN, MSN PMHNP</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL:	ATTENDANCE:	SUBMIT DATE: <b>2/9/2022 12:00 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>BUSINESS/ORGANIZATION:</b>		
WITNESS NAME: <b>TAMMIE HEIMSOOTH</b>		PHONE NUMBER: <b>660-438-2876</b>
BUSINESS/ORGANIZATION NAME: <b>BENTON COUNTY HEALTH DEPARTMENT</b>		TITLE: <b>RN, MSN, DON</b>
ADDRESS: <b>1238 COMMERCIAL ST</b>		
CITY: <b>WARSAW</b>	STATE: <b>MO</b>	ZIP: <b>65355</b>
EMAIL: <b>tammie.heimsoth@bentonhealth.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/8/2022 2:26 PM</b>

**THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.**

As a Local Public Health Agency, we are in strong opposition to HB2009. Benton County Health Department's Mission Statement reads: Benton County Health Department is responsible for the promotion and protection of the public's health through education, disease and injury prevention, regulation, and direct delivery of health care services in order that all may achieve their fullest health potential. Furthermore, the general public health goal is to prevent disease. It is much easier and more cost-effective to prevent a disease than to treat it. This is exactly what immunizations aim to do. As public health nurses, we witness firsthand the late effects of various communicable diseases, that could have easily been prevented by a simple immunization. The effects of these communicable diseases extends to immediate family and friends. The lack of vaccination of an individual can greatly jeopardize the health and well-being of their caretakers. This has been evidenced by unvaccinated children attending public schools, contracting a preventable communicable disease, and then spreading the virus, unknowingly, to more vulnerable individuals. "Recently, the Kansas City Star reported, 2 measles outbreaks in Kansas and Missouri cost taxpayer resources \$170,000 to treat 35 measles cases." (Kansas City Star, June 2018)"But, this \$170,000 cost may not include the full economic impact of measles. This is because measles is very contagious, infecting 90 percent of susceptible individuals." (Kansas City Star, June 2018)Removing basic immunization requirements for school-aged children would represent a major digression in public health. Simply put, the Science speaks for itself. Thank you for your consideration in our opposition to HB2009.



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>TIEN KELSO</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>tienxtran@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 3:16 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**I am a parent of two children in the Francis Howell School District. I do not support this bill. Thank you.**



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>TIFFINI SEMKIN</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>tiffinitomlin@hotmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/8/2022 11:25 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

I want all children and parents to have medical freedom and not be bribed, coerced or forced to vaccinate their children in order to attend any school. There's so much information out about the dangers and deaths from the vaccine in the CDC VAERS website. It's time we use that data.





MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>TINA SMITH</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>gator1rn@yahoo.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 10:50 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2009</b>		DATE: <b>2/9/2022</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>TOM FERRI</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>thomas.m.ferri@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 12:56 PM</b>

**THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.**

**There is absolutely no good public health reason to eliminate vaccine requirements in private schools. Especially for measles, mumps and rubella. This bill is absolutely ridiculous.**



MISSOURI HOUSE OF REPRESENTATIVES  
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<b>TESTIFYING:</b> <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>TRACI DEPERALTA</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>deperalta4@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 2:17 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**I do not want to have the vaccine for COVID-19 mandatory for our children, NO Vaccine mandate for Missouri schools or in Missouri at all. We do not want the federal government involved**



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<b>TESTIFYING:</b> <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>TRACY MARTINO-HSU</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>drmartinohsu@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/8/2022 9:12 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

As a mother of 4 and nurse practitioner I strongly oppose this bill. Healthcare access has been limited by Covid19 already and many children have fallen behind on routine vaccines, putting their health and the safety of others at risk. Herd immunity is necessary to protect our most vulnerable populations even when we are not in the midst of a pandemic. Healthcare professionals are best prepared to educate patients and families. Missouri is already behind in protecting our citizens from contagious diseases. We ranked 24th out of 49 for our ability to successfully vaccinate our children entering kindergarten last year. Overall we have 2.9% of Missouri students at risk for vaccine preventable illnesses such as Mumps (which can cause infertility), Polio (disfigurement), Whooping Cough (highly contagious respiratory illness otherwise known as pertussis). This Bill would further disenfranchise those without access to doctors, education and life saving vaccines. Please do not restrict our citizens rights to vaccine education, herd immunity and basic public health principles. Thank you, Dr. Martino-Hsu  
References: The Missouri Exemptions Fact Sheet. (2022) Missouri Coalition for Immunizations.



MISSOURI HOUSE OF REPRESENTATIVES  
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<b>TESTIFYING:</b> <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>WENDY MELROSE</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:	STATE:	ZIP:
EMAIL: <b>wendycmelrose@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/7/2022 8:37 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

Immunizations are and should remain a choice by the parents of the children, not by someone in the government. The reason for this freedom of choice is the government does not know the individual health of every human and an answer for one is not the answer for all. There is no one size fits all solution to medical care, regardless of category, if there was, everyone would heal from everything because of it worked for one, it will work for another. This is simply untrue. Same goes for vaccines. Some respond well, some do not, some receive injuries. We cannot and we will never be able to tell the future. We can never avoid all death. We can never avoid all injuries. However, the choice should always be to the parents based upon their own personal risk analysis or discussions with their physicians that they trust.



MISSOURI HOUSE OF REPRESENTATIVES  
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<b>TESTIFYING:</b> <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>WILLIAM J LOWERY</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>billowery127@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/8/2022 6:17 PM</b>

**THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.**  
**No testing proving this has no adverse affect on children at the age of Kindergarten.**



MISSOURI HOUSE OF REPRESENTATIVES  
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TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>REGISTERED LOBBYIST:</b>		
WITNESS NAME: <b>WILLIAM MARRS</b>		PHONE NUMBER:
REPRESENTING: <b>MISSOURI ASSOCIATION OF LOCAL PUBLIC HEALTH AGENCIES</b>		TITLE: <b>CONSULTANT</b>
ADDRESS: <b>211 E CAPITOL AVE</b>		
CITY: <b>JEFFERSON CITY</b>		STATE: <b>MO</b> ZIP: <b>65101</b>
EMAIL: <b>govservicesjcmo@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 7:02 AM</b>

**THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.**

**Date:** February 8, 2022  
**To:** Chairman Representative Baker and the Committee on Downsizing State Government  
**From:** Michael Herbert Chair, MoALPHA Legislative Committee Administrator, Miller County Health Center  
**Re:** Oppose HB 2009 The Missouri Association of Local Public Health Agencies (MoALPHA) is opposed to House Bill 2009. Vaccines are safe and effective in controlling communicable diseases. Vaccine exemptions put unvaccinated children, their classmates, and our communities at risk for preventable diseases. In recent years, Missouri has experienced measles and mumps outbreaks, despite measles being eliminated from the United States in 2000. This return is due to our decreasing vaccination rates! Currently, of the 966,152 students in Missouri, 28,618 are at risk of contracting a vaccine preventable disease due to a vaccine exemption. Vaccine exemptions for measles, mumps, rubella, hepatitis B, and polio rose steadily from 2014-2018. COVID-19 led to a sharp decline in childhood vaccinations. Now is NOT the time to further reduce vaccination rates! For more information, visit [www.moimmunize.org](http://www.moimmunize.org) MoALPHA encourages you to help us all keep Missourian's healthy and safe and oppose HB 2009! MoALPHA Contacts Diane Weber, RN Executive Director, MoALPHA 314-605-6041 [Moalpha2004@yahoo.com](mailto:Moalpha2004@yahoo.com) Michael Herbert, MoALPHA Legislative Committee Chair Administrator, Miller County Health Center 573-369-2400 [mherbert@millercountyhealth.com](mailto:mherbert@millercountyhealth.com)



MISSOURI HOUSE OF REPRESENTATIVES  
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<b>TESTIFYING:</b> <input type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input checked="" type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>DEBBIE PHILLIPS</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>heet2@iland.net</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/8/2022 9:36 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

After reading HB2009, I question that you are “restoring” parental rights to vaccinate or not vaccinate their own children? When did the state of Missouri take over parental decisions? Another question is only “private” schools are mentioned in this bill. Where do public schools come in? Everyday, we the people are being ramrodded with new policies trying to take over our rights as parents. This should “NEVER” happen. If HB2009 prevents all abuse of parental rights on decisions for their own child, I support it. If HB2009 only allows parents who send their children to private schools make decisions and public school parents are not allowed, then HB2009 needs to be rewritten.





MISSOURI HOUSE OF REPRESENTATIVES  
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<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>JOAN SIMS</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>joans964@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/8/2022 10:52 PM</b>

**THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.**

**We should let parents decide if they want to vax their kids. The unvaxed should NOT be ostracized as has been the case.**



MISSOURI HOUSE OF REPRESENTATIVES  
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<b>TESTIFYING:</b> <input type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input checked="" type="checkbox"/> FOR INFORMATIONAL PURPOSES			
<b>WITNESS NAME</b>			
<b>BUSINESS/ORGANIZATION:</b>			
WITNESS NAME: <b>KATRINA UTZ</b>		PHONE NUMBER: <b>314-615-0600</b>	
BUSINESS/ORGANIZATION NAME: <b>ST. LOUIS COUNTY DEPARTMENT OF PUBLIC HEALTH</b>		TITLE: <b>POLICY ADVISOR</b>	
ADDRESS: <b>6121 N. HANLEY RD.</b>			
CITY: <b>BERKELEY</b>		STATE: <b>MO</b>	ZIP: <b>63134</b>
EMAIL: <b>kutz@stlouiscountymo.gov</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 4:04 PM</b>	

**THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.**

The proposed bill weakens vaccine requirements by removing the requirements for non-public schools and childcare centers, weakening administrative authority to add new vaccinations as needed, and increasing opportunities for exemptions. This would lead to decreases in vaccination rates and increases in vaccine-preventable diseases. Near universal vaccination for vaccine-preventable diseases is an evidence-based cornerstone of public health practice (American Public Health Association, 2000) and is a key strategy Saint Louis County Department of Public Health relies on to fulfill our job to safeguard the health and wellbeing of St. Louis County residents. Vaccines protect population health only when the vast majority of individuals in a community are vaccinated. This allows communities to achieve community immunity (sometimes called herd immunity), meaning that the spread of disease from person to person is unlikely (Department of Health and Human Services, 2021). Community immunity is important because it protects people who are not immune due to medical contraindications to receiving the vaccine or having a compromised immune system. When fewer people are vaccinated, it effects not only the unvaccinated individuals themselves, but also the ability to prevent outbreaks in the population more broadly (Centers for Disease Control and Prevention, 2019). Removing or easing immunization requirements for school children will have ballooning negative impacts for schools, public health agencies, and the healthcare system. Vaccines continue to be remarkably effective in reducing risk and protecting against severe illness, hospitalizations, and death (Centers for Disease Control and Prevention, 2019). Children in school and childcare environments are particularly vulnerable to communicable disease. If fewer vaccinations are required for school admission, fewer children will have protection against preventable diseases. There will be an increase in the number of sick children and an increase in breakthrough cases for preventable illnesses among vaccinated people throughout the community. This can negatively impact the health of the child and may result in children missing school, parents missing work to take care of children, and the public health and healthcare systems facing a much higher burden of disease control and treatment. As of 2019, 17 states allowed exemptions based on personal beliefs and all but five allowed religious exemptions (Immunization Action Coalition, 2019). There is strong evidence that allowing for more exemptions beyond necessary medical exemptions leads to lower vaccination coverage and subsequent outbreaks. In particular, personal belief exemptions have been linked with outbreaks across the country (ibid.). For example, there was an outbreak of measles in Washington State late 2018 – early 2019 that led to a declaration of a statewide public health emergency after 26 cases of measles had been confirmed; 87 cases total would later be confirmed (Washington State Department of Health, n.d.). This was the largest outbreak of measles in the state in the past twenty years. Pertussis has been on the rise due partially to decreasing vaccination rates caused by nonmedical vaccination exemptions (Aloe, 2017). New York City recently had its worst Measles outbreak since 1992 (started by

an unvaccinated child). Responding to the outbreak cost New York \$395,000 including over 10,000 personnel hours. Missouri's public health infrastructure would face a significant administrative burden responding to outbreaks of vaccine-preventable diseases. Response efforts may entail strengthening surveillance staffing and infrastructure, conducting extensive outbreak investigations, contact tracing and notification, connection to clinical treatment, environmental mitigation efforts, risk communications, reporting, and/or policy change. Work Cited:Aloe, C. K. (2017). Geospatial analysis of nonmedical vaccine exemptions and pertussis outbreaks in the United States. PNAS, 114(27), 7101-7105. doi:<https://doi.org/10.1073/pnas.1700240114>American Public Health Association. (2000). The Need for Continued and Strengthened Support for Immunization Programs. Retrieved from <https://www.apha.org/Policies-and-Advocacy/Public-Health-Policy-Statements/Policy-Database/2014/07/28/15/09/The-Need-for-Continued-and-Strengthened-Support-for-Immunization-Programs>Centers for Disease Control and Prevention. (2019). Common Questions About Vaccines. Retrieved from CDC.gov: <https://www.cdc.gov/vaccines/parents/FAQs.html>Department of Health and Human Services. (2021). Vaccine Basics. Retrieved from <https://www.hhs.gov/immunization/basics/work/protection/index.html>Immunization Action Coalition. (2019). Personal Belief Exemptions for Vaccination Put People at Risk. Retrieved from [www.immunize.org/catg.d/p2069.pdf](http://www.immunize.org/catg.d/p2069.pdf)Washington State Department of Health. (n.d.). Measles 2019. Retrieved from



MISSOURI HOUSE OF REPRESENTATIVES  
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<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>SARAH FULLER</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:                  ZIP:
EMAIL: <b>sdlfuller@yahoo.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/9/2022 12:29 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

I supports parents rights to choose what is best for their children. We are their parents we know what is best for them we have done our research. Schools are for teaching math, english, social studies, and science. We will make their medical decisions. Schools are not qualified to make decisions for kids medical needs. Thats why we have doctors.Thank you